MARYLAND STATE DEPARTMENT OF HEALTH
OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

| 1. | PLACE DF DEATH 6. CDUNTY | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) | | | | |
|---------------|--|---|--|--|--|--|
| | ALLEGANY MARYLAND | a. STATE b. COUNTY MARYLAND ALL FGANY | | | | |
| | b. CITY OR TOWN (if outside corporate limits. C. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | | | | |
| | write RURAL and give nearest town) CUMBERLAND 12 HRS. | LONACONING. | | | | |
| | d. NAME DF HDSPITAL OR INSTITUTION (if not in hospital, give street address) | d. STREET ADDRESS e. IS RESIDENCE | | | | |
| | | DN A FARM? | | | | |
| 3. | MEMORIAL HOSPITAL NAME DF First Middle | Lest 14 DATE Month Day Year | | | | |
| 3. | DECEASED | DF | | | | |
| - | (Type or print) HAMILTON M. | ANDERSON DEATH JANUARY 12, 1966 | | | | |
| ٥. | 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Iast birthday) Months Days Hours Min. | | | | |
| - | MALE WHITE WIDDWED DIVORCED | 7-3-1923 42 yrs. | | | | |
| dui | a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR ling most of working life, even if retired) | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? | | | | |
| | Alumbadi Plant | WEST VIRGINIA U. S. A. | | | | |
| 13 | . FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | | |
| | HAMILTON ANDERSON | ANNA M. MITCHELL | | | | |
| 15 | S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. | INFORMANT Address | | | | |
| | 216-18-1571 | MEMORIAL HOSPITAL, CUMBERLAND, MD. | | | | |
| = | 18. CAUSE OF DEATH [Enter only one gause per line for (a), (b), and (c).] | MEMORIAL HUSPITAL, CUMBERLAND, MU. | | | | |
| | PART I. DEATH WAS CAUSED BY: (1 7 Cm 1 10 Cm | QUSET AND DEATH | | | | |
| 10 | IMMEDIATE CAUSE (a) | my few poems stays | | | | |
| | DUE TOO molaliste ale | disis segue | | | | |
| | gave also to Immediate | | | | | |
| | cause (a), stating the DUE 30 allenoulerotel | withovere reput disease 10 years | | | | |
| 2 | underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA | ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY | | | | |
| CERTIFICATION | PART II. O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA | PERFORMED? | | | | |
| FIC. | - Turetor meller | YES NO | | | | |
| RTI | 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | URRED. (Enter nature of Infury in Part I or Part II of Item 18.) | | | | |
| | (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | | |
| CAI | House and factor | ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.) | | | | |
| MEDICAL | Hour a.m. p.m. 19 While Not While factor at work at work | ny, au con, a mountage, a con | | | | |
| - | | 28 mus, 1963, to 6 12 Jan, 1966, that (1) (we) last | | | | |
| | The state of the s | t death occurred at AM, from the causes and on the date stated above | | | | |
| | 22a. SIQNATURE | 22b. DATE SIGNED | | | | |
| | N. alper Va Cline, M.D. ATTENDING DIRECTOR DIREC | | | | | |
| | 22c. PHYSICIAN'S // | 22d. ADDRESS | | | | |
| | NAME (Type) DR. W. A. VANORMER | 122 S. CENTRE ST. | | | | |
| 238 | BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER) | | | | | |
| | REMOVAL (Specify) 1/14/66 Oak Hill | 700 | | | | |
| 24 | 4,2,100 | 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE | | | | |
| | EV Bry With the + m | d. partAN 19 1966 gelworles Judge | | | | |
| 1/ | T. I TOTAL MANAGEMENT !!! | DATEAIN | | | | |

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please senove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and In any event, within 72 hours after death. TO HOSPITAL

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BANKSTON AND ENGINEERS

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TE M. A. VALORMER ... A. N. SEL

APPROPRIES

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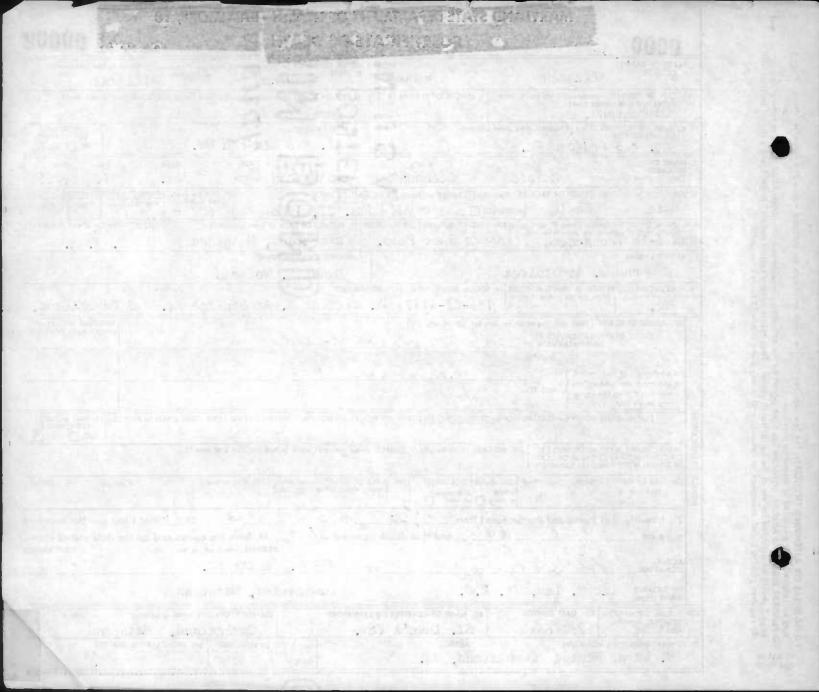
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| ADVIAND | CTATE DI | CD A DTAACAIT | OF HEALTH-BALTIMORE, 1 | - |
| IAKTLANU | SIAIE D | EPAKIMENI | OF HEALIN-BALLIMORE, I | - 25 |
| | | | | |

0002 CERTIFICATE OF DEATH

Reg. Dist. No.

00002

| · COUNTY Allegany | MARYLAND | o. STATE Maryland | b. COUNTY Alle | |
|---|--|--|--|--|
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside corp | | |
| d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION Rt. # 3 Bedford Rd. | address) | d. STREET ADDRESS Rt. # 3 Bedfo. | rd Rd. | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF First DECEASED (Type or print) Harold | Middle Glendon | Lost 4. DATE OF DEATH | Month Jan. | Doy Year 31, 1966 |
| 5. SEX 6. COLOR OR RACE 7. MARRI Male White WIDOWE | | B. DATE OF BIRTH Jan. 22. 1906 | 9. AGE (In years last birthday) 60 yrs. | 1 YEAR IF UNDER 24 HRS. Days Hours Min. |
| | dio Shop Prop. | | 0 4 | U. S. A. |
| 13. FATHER'S NAME Raymond W. Armbruster | | 14. MOTHER'S MAIDEN NAME Maude E. Wolfe | ord | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service) | The second secon | nformant L. William J. Armb | Address ruster Rt. # 3 | Cumberland. |
| PART I. DEATH Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Canditions, if any, which gove rise to immediate couse (a), stating the under- lying cause last. (c) | | Occlusion il Infarete | ms | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CO | | | | 1 1(0) 19. WAS AUTOPSY PERFORMED? YES NO |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | D. (Enter nature of injury in Part 1 or Pa | | |
| A Haur a.m. While | DURY OCCURRED 20e. PL | ACE OF INJURY (Home, form, 20f. (Citory, street, office bldg., etc.) | y or tawn) (C | County) (State) |
| 21. I certify that I attended the decease alive an 19 4 ACTUAL SIGNATURE PHYSICIAN'S Leo H. Ley, Jr. | ond that death | accurred at A, M, fro ADDRESS (S M.D. 456 N. Centro Cumberland, 1 | m the Causes and an the Street, city or town, state) 2 St. | last saw the deceased the date stated abave. |
| 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 2/2/66 | 22c. NAME OF CEMETERY OF St. Luke's (| | ATION (City, town, or county) mberland, Mar | (Stote) yland |
| 23. FUNERAL DIRECTOR'S SIGNATURE H. Wayne George Cumber | ADDRESS land, Md. | | TRAR 246. REGISTRAR'S SIG | |



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE DF DEATH a. COUNTY b. COUNTY Allegany MARYLAND Department after death. funeral CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b Junction Cumberland 4 Months d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) XAMINER: This certificate should be executed within 24 hours after obeth. If any delay certificate, writing the word "pending" in pencil in Item 18. GNe Pages 1, 2, and 3 to ould be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 213 Davison Street Rural State hours 3. NAME OF First Middle Lest DATE Month DECEASED the 72 Mary Rosie Arnold DEATH Jan (Type or print) 2 with within AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED lest birthday) Months White Female WIDOWED A Feb. 2.1884 DIVORCED N and 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY West Virginia Housewife pages 1 in any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frances Mongold Unknown File 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) permit. removal, Howard Arnold, Springfield, W, Va. 234-42-7521 No 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: burial-transit cremation, or IMMEDIATE CAUSE (6 DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (e), steting the 0 underlying cause last. used as to burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) should be 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 3 shou MEDICAL 2De. PLACE OF INJURY (Home, farm, 2Df. (Clty or town) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour e.m. While Not While et work et work JIRECTOR: Page its designated a 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X. should DIRECTOR: Undetermined manner Homicide Natural causes X Accident Suicide death resulted from: CHIEF MEDICAL EXAMINER age 4 ASSISTANT MEDICAL EXAMINER DEPUTY MED 0 DEPUTY MEDICAL EXAMINER for FUNERAL I please ex director. retained 1 Aldress (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATDRY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMDVAL (Specify)

Jan. 10.1966

Indian Mound

ADDRESS Romney, W. Va. Hampshire

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25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

(County)

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Hours

INTERVAL BETWEEN ONSET AND DEATH

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(State)

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22. DATE SIGNED

W, Va.

(State)

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FUNERAL DIRECTOR

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove earbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| 000 | 104 | The Contract of | | CERTIFIC | ATE (| OF DEATH | 1 | | | 10004 |
|---------------------------------|---|---|-------------------|------------------------------------|----------------------|--|-------------------------|--|---------------------|--|
| 1. PLACE a. COL | | ALLEGANY | | MARYLA | ND 2. | a. STATE | CE (Where dec RYLAND | eased lived, If inst b. COUN | TY | dence before admission) EGANY |
| wri | ite RURAL and g | | | c. LENGTH OF STAY IN | | MI | DLAND | oorate limits, wri | te RURAL an | d give nearest town) |
| d. NAI | | OR INSTITUTION | (if not in ho | spital, give street add | ress) d. | STREET ADDRESS | 4. | | | e. IS RESIDENCE ON A FARM? YES NO X |
| | OF ASED or print) | Firs JAMES | t | Middle | BAMP' | 0 | 4. DATE DF DEATH | Month JANUAR | Z 5, | Day Year 19 66 |
| 5. SEX MALE | WH | ITE | MARRIED WIDOWED | DIVORCED | SE | | 877 | last birthday) 88 yrs. | Months Da | YEAR IF UNDER 24 HRS. Hours Min. |
| RETIRE | st of working life D STATIO | ive kind of work do b, even if retired) N AGENT | IN | ND OF BUSINESS OR DUSTRY R. R. | | ENGLAND | | or fareign country | | ZEN OF WHAT NTRY? |
| J | IER'S NAME OSEPH BA | | | | 14. | ELLEN H | | | | |
| 15. WAS D (Yes, no, or NO | PECEASED EVER II r unkown) (If yes | VU.S. ARMED FOR give war or dates of : | ervice) | 3001al security no. 2007-5609 | 17. INFO | ELLEN BAM | PTON, 1 | Addres | | |
| Condi gave cause | PART I. DEATH W | VAS CAUSED BY: EDIATE CAUSE (so PUE T which (lidate the DUE T | 3) He 00 a | ne for (a), (b), and (c).] | ure | è Cara | levrae | ular D | | INTERVAL BETWEEN ONSET AND DEATH 46 Cr. |
| _ | | | C) IS CONTRIBU | TING TO DEATH BUT NOT | RELATED | TO THE TERMINAL | DISEASE CON | DITION GIVEN IN I | PART 1(a) | 19. WAS AUTOPSY PERFORMED? YES NO NO |
| | ACCIDENT WAS UNTRIBUTING THER, NOTIFY M | INDERLYING CAUSE OF DEATH | 1 | ESCRIBE HOW INJURY | | | | | 172 | |
| 20c. | TIME OF INJURY Hour a.m. p.m. | Month, Day, X | While at work | Not While | PLACE Of factory, st | F INJURY (Home, f reet, office bldg., | arm, 20f. | (City or town) | (County | y) (State) |
| sa | . I certify that w the decease signature | t (I) (this hospi d alive on | tal) attende | ed the deceased from | that dea | th occurred at | 19 62 to | om the causes | and on the 22b. DAT | that (I) (we) last date stated above. E SIGNED |
| 22c. | PHYSICIAN'S NAME (Type) | MARTIN I | ROTHST | EIN, M. D. | | TTENDING ANDRESS 48 BRO | DIRECTOR L | FROSTBUI | RG, MD. | /66 |
| REM B | IAL, CREMATION NOVAL (Specify) URIAL ERAL DIRECTOR | 1-8-196 | | F BG ME MOI | | | | CATION (City, to STBURG, A STRAR 25b. RE | | |
| | | DURST, SI | R., FRO | OSTBURG, MD | • | DATE | | | ineles | Judge |

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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| | MARYLAND STATE DEPARTMI | ENT OF HEALTH | |
|---------------------------|------------------------------|------------------------------------|-----|
| _ DIVISION OF STATISTICAL | RESEARCH AND RECORDS, 301 W. | PRESTON STREET, BALTIMORE 1, MARYL | AND |
| 00005 | CERTIFICATE OF | DEATH NAME 1, MARYLI | 115 |

| UUUU | .) | | CERTIF | ICATE | OF DEAT | H | | | 10005 | |
|---|--|-----------------|-----------------------------|------------|---------------------|------------------|------------------------------------|--------------|-------------------------|---------------|
| 1. PLACE OF DEAT a. COUNTY | Н | | | | | NCE (Where | deceased lived, If It | | sidence before ad | lmission) |
| | LEGANY | | MARY | YLAND | a. STATE MA | RYLANI | b. cou | ALL | EGANY | |
| b. CITY OR TOV | VN (if outside corpora | ate limits, | c. LENGTH OF STA | | c. CITY OR TOWN | (If outside | corporate limits, w | rite RURAL | and give neares | t town) |
| CUMBERL | | WII) | 50 year | s | CUMBERI | AND | 01- | / | | |
| | SPITAL OR INSTITUTI | ON (if not In h | ospital, give street | address) | d. STREET ADDRES | SS | | | e. IS RES | IDENCE |
| SACR | ED HEART HO | SPITAL | | | 110 W. | FIRST | STREET | | - | NO S |
| 3. NAME DE | | First | Middle | | Last | 4. DA | TE Mon | th | Day Yea | ar |
| (Type or print) | EDNA | | M • | BE | CK | DF DE | ATH JANUAR | Y | 14 196 | 56 |
| 5. SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIE | ED 8. | DATE OF BIRTH | | 9. AGE (In years last birthday) | IF UNDER 1 | YEAR IF UNDER | R 24 HRS. |
| FEMALE | WHITE | MIDOWED | | | 3-24-01 | | 64 yrs. | Months | Days Hours | MIN. |
| 10a. USUAL OCCUPA | TION (Give kind of work | k done 10b. K | (IND OF BUSINESS OF NOUSTRY | R | 11. BIRTHPLACE | (County & St | ate, or foreign count | ry) 12. Cl | TIZEN OF WHAT UNTRY? | |
| Retired | Operator | T | elephone | Co. | NEW YOR | K-Hoa | asic | | U.S.A. | |
| 13. FATHER'S NAM | ΛE | | | | 14. MOTHER'S MA | IDEN NAME | | | | |
| EDWARD | F. TRACY | | | | HARRIE | ETT MA | ATTHEWS | | | |
| 15. WAS DECEASED | EVER IN U.S. ARMED F | of service) | SOCIAL SECURITY NO | 0. 17. I | NFORMANT | | Addr | ess | | - |
| (, en Juli A. Cungani) | (11 yes give mai or dutes | 216 | 6-22-5212 | | PT'S CH | IART | | | | |
| 18. CAUSE DF | DEATH [Enter only or | ne cause per l | ine for (a), (b), and (| (c).] | | | | | INTERVAL BE | TWEEN |
| PART I. D | EATH WAS CAUSED BY | Y: (a) Disse | cting aneu | arysm. | ascendin | g aort | a | | 2 days | |
| 451 | V | | | | | | | | | |
| Conditions, If | any, which | Arter | rioscleroti | ic and | hyperten | sive C | יעא | R R M | 5 year | |
| gave rise to cause (a), s | | E TO | | | | | | | | |
| underlying cau | | (c) | | | | | | | | |
| PART II. OTHER | SIGNIFICANTCONDITI | ONS CONTRIBL | JTING TO DEATH BUT | NOTRELAT | ED TO THE TERMINA | LDISEASEC | ONDITION GIVEN II | N PART 1(a) | 19. WAS AU PERFOR | TOPSY MED? |
| PART II. OTHER Fibros: 20a. ACCIDENT OR CONTRIBUT OR CONTRIBUT (IF EITHER, NO | is followin | g tbe | 0021 | | | | | | | NO 🗌 |
| 20a. ACCIDENT | WAS UNDERLYING TING CAUSE OF DEADTIFY MEDICAL EXAM | 20b. | DESCRIBE HOW INJU | JRY OCCUR | RED. (Enter nature | of Injury in | Part I or Part II | of Item 18.) | | |
| | TIFY MEDICAL EXAM | INER) | | | | | | | | |
| 0 | INJURY Month, Day, | | | | OF INJURY (Home, | | . (City or town) | (Cour | nty) (S | State) |
| Hour a. | m. .m. 19 | While at work | | Tactory | , street, omcobiug. | , 6 (6.) | | | | |
| | fy that (1) (this hos | pital) attend | ed the deceased f | from 9 | ₩ 22 | 1963 | to 1 . I | 19.6 | 5 that (I) (v | ve) last |
| saw the de | ceased alive on | 1 - 1 | 1966 | and that | death occurred at | | | s and on th | e date stated | above. |
| 22a. SIGNATU | | P | | | 4751101110 | MED | 07155 | | ATE SIGNED | |
| | Jelyh lo. 1 | Drein ! | • | M.D. | | MED. DIRECTOR | STAFF PHYS. |] l-15 | m66 | |
| 22c. PHYSICI NAME (T | ype) | | | | 22d. ADDRESS | m 600 | OUR CREAT AND | m 1m | 075.0 | |
| | DR. R. B | ALLIN, | | | | | CUMBERLAN | | | |
| 23a. BURIAL, CRES | WATION, 23b. DATE | | 23c. NAME OF C | | | - | LOCATION (City, | | nty) (St | tate) |
| REMOVAL (Sp Burial | | 7,1966 | St. Mar | y's C | emetery | | mberland | | o orollaring | |
| 24. FUNERAL DIR James | Ector Scarpel | li . Cum | berland. 1 | Md . | | REC'D BY RE | | | SSIGNATURE | |
| | - Sear ber | | , | | DATE | VIO | 1966 80 | Mary Con | Judge. | |

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicker and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and In any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate de Page 4 may be retained by the hospital or attending physician.

| | | MARYLAND | STATE DEP | ARTM | ENT OF | HEALTH | | |
|-------------|---------------|------------|-------------|--------|---------|---------|--------------|----------|
| DIVISION OF | F STATISTICAL | RESEARCH A | ND RECORDS, | 301 W. | PRESTON | STREET, | BALTIMORE 1, | MARYLAND |
| מהמה | | CE | DTIELCATE | OF | DEATH | | | 2006 |

| | BOOG CERTIFICAL RESEARCH AND RECORD | TE OF DEATH | 00006 |
|---------------|--|--|---|
| 1 | PLACE OF DEATH a. COUNTY ALLEGANY MARYLAND | 2. USUAL RESIDENCE (Where deceased lived, If institution: R a. MARYLAND b. COUNTY ALL | esidence before admission) _ EGANY |
| | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CUMBERLAND c. LENGTH OF STAY IN 1 | LA VALE 01-1 | |
| | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addres MEMORIAL HOSPITAL | d. STREET ADDRESS 102 WEIGAND DRIVE | e. IS RESIDENCE ON A FARM? YES NO |
| 3 | DECEASED (Type or print) GEORGE Aglen | BITTNER 4. DATE Month OF DEATH JANUARY | 22 1966 |
| 5 | MALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED | DEC. 2, 1910 9. AGE (In years FUNDER Months yrs. | Days Hours Min. |
| d | Da. USUAL OCCUPATION (Give kind of workdone 10b. KIND OF BUSINESS OR INDUSTRY Service station | PENNSYLVANIA Berlin U. | DUNTRY? |
| 1 | 3. FATHER'S NAME JOHN BITTNER | SADIE KEEFER | |
| (| 5. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unkown) (If yes give war or dates of service) No. 17. 16. SOCIAL SECURITY NO. 17. | Mary L Bitthese La | Vale Md. |
| | PART I. DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | Last Failure | INTERVAL BETWEEN ONSET AND DEATH LOKES |
| | Conditions, If any, which gave rise to immediate (b) | Hoelez cardiei | 4 Lays |
| N | cause (a), stating the DUE TO underlying cause last. | cardial plantis ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | Ze Days |
| CEPTIFICATION | PART II. UTHER SIGNIFICANT CONDITIONS CONTRIBOTING TO BEATH BUT NOT RE | | PERFORMED? YES NO |
| | | CURRED. (Enter nature of injury in Part I or Part II of Item 18. | |
| MEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P Hour a.m. While Not While at work at work | LACE OF INJURY (Home, farm, 20f. (City or town) (Coutory, street, office bidg., etc.) | inty) (State) |
| | | hat death occurred at 20 Am, from the causes and on t | he date stated above. |
| | | M.D. ATTENDING MED. STAFF DIRECTOR PHYS. | ATE SIGNED |
| | VILLIAM P. IAMES | 22d. ADDRESS 441 N. CENTRE ST., CUMBER | |
| | Ba. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETI REMOVAL (Specify) 1/24/66 Restlawn Mem | sorial Gardons Lavalo Md | |
|) | 4. FUNERAL DIRECTOR ADDRESS H. Wayne George Cumberland. | Md. DATE 26 1966 POLICY PROJECT OF THE PROJECT OF T | Judge |

VR AI5 (4) 20M 1/65

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JAF MORDE JAKRONSH

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September 1724/63 Comment and the september of the septem

DEPUTY MEDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any delay and sessary, lease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral irector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. I of Health or its designated agent, prior to burial, cremation, or removal, please execute the ce director. Page 4 should retained for your files. TO DEPUTY MEDIC:

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINED'S CERTIFICATE OF BEATTH.

| 1. | 1. PLACE OF DEATH a. COUNTY | | | | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE b. COUNTY | | | | | |
|-----------------------|---|--|---------------------|-------------------------------|-----------------|--|---------------|---------------------------------|-------------|----------------------|---------------------|
| | | Allegany | 7 | MARYLA | ND | | nsylva | | | ford | |
| | write RURAL a | (if outside corporet and give nearest tow | te limits. | c. LENGTH OF STAY IN | and the same of | c. CITY OR TOWN (If | f outside c | orporate limits, wri | | | est town) |
| | | ntstone | | | | | ns Co | ve / 5 | | 100 | |
| | | | N (If not in he | ospital, give street add | ress) | d. STREET ADDRESS | | | | ON | ESIDENCE A FARM? |
| | | oute 40 | | | | Route 2, | | tstone, Md | | YES | |
| 3. | NAME OF DECEASED | FI | rst | Middle | 1 | Lest | 4. DAT | E Month | | Day 1 | rear |
| | (Type or print) | Annie | A | Mav | | Bridges | DEA | TH Januar | V | 7 1 | 9 66 |
| 5. | SEX | | 7. MARRIEO | NEVER MARRIEO | | . OATE OF BIRTH | | 9. AGE (in yeers last birthdey) | FUNOER 1 | YEAR IF UNC | |
| | Female | White | WIDOWEO | Add - | De De | ec 10, 1896 | | 69 yrs. | | | |
| 10a dur | ing most of workin | ng life, even if retired | done 10b. K | IND OF BUSINESS OR NDUSTRY | | 11. BIRTHPLACE (S | | reign country) | COL | IZEN OF WH JNTRY? | AT |
| 10 | Housewif | | | | | Pennsylvan | ia | | US | _A | |
| 13. | FATHER'S NAME | | | | | 14. MOTHER'S MAIG | OEN NAME | | | | |
| | Geo | orge Robine | ette | | | Delil | ah Ro | land | | | |
| 15 | . WAS DECEASED EV | VER IN U.S. ARMED FO | ORCES? 16. | SOCIAL SECURITY NO. | 17. | INFORMANT | | Addres | S | | Md |
| (18 | | (If yes give war or dates o | T Service) | | Mar | noomet Deli | n | 48 Frederi | ale C+ | Camb | |
| | No CAUSE OF DE | EATU Enter only on | o colleg per l | line for (a), (b), end (c). | | rgaret Poli | 118 7 | 40 LLedel I | CK SU | INTERVAL I | erland |
| | | ATH WAS CAUSED BY | /. | | | HI HIRLEY | | | | ONSET AN | O OEATH |
| | / | IMMEDIATE CAUSE | (a) | Coronary Occ | clus | sion | | | | Sudder | 1 |
| | 4201 | OUE | | | | | | | 1 | | |
| | Conditions, If a | | (b) C | Coronary Scl | ero | sis | | | | | |
| | gave rise to i | O. I. Lier | | | | | | | | | |
| | cause (a), sta underlying cause | aring the (| | | | | | | | | |
| Z | | | (c) ONS CONTRIBL | UTING TO OEATH BUT NO | TRELA | TED TO THE TERMINAL | OISEASEC | ONOITIONGIVENIN | PART 1(e) | 19. WAS | |
| Tie | | | | | | | | | | YES T | ORMED? |
| -1CA | - EVTERNA | CALLET WAS | 1 001 | AFACTINE HOW IN HIE | i 0001 | IDDEO (Finder metrice o | of Indiana In | Dort Lor Dort II of | Flam 10 \ | | № 🔀 |
| MEDICAL CERTIFICATION | 20e. EXTERNAL PRIMARY ☐ or C CAUSE OF DEATH | CAUSE WAS CONTRIBUTING [] | 20b. (| OESCRIBE HOW INJURY | rocco | KKEO. (Enter neture o | or injury in | Part I of Part II of | r item 16.) | | |
| AL | 20c. TIME OF IN | NJURY Month, Day, | Year 20d. I | NJURY OCCURRED 20 | e. PLA | CE OF INJURY (Home, f | | . (City or town) | (Cour | ity) | (State) |
| DIC | Hour a.m. | | While | | facto | ry, street, office bldg., | etc.) | | | | |
| M | p.m. | | at work | | - | | | . [7] | | | |
| | 21. I certify | that I took charge | e of the rem | nains described abov | re, hel | d an Autopsy [, | Inspec | | iry Z, | and in m | y opinion |
| | death resulte | d from: Natural | causes W | , Accident , | Sui | cide , Homic | ide, | Undetermined | manner | | |
| | | 0 " | , 10 | 1 | | CHIEF MEDICA | AL EXAMIN | ER | | | |
| | ACTUAL SIGNATURE | J. enexic | TXTE | tarelec) | | M.D. ASSISTANT ME | EDICAL EX | AMINER | | 22. DAT | E SIGNED |
| | SIGNATURE | 100100000 | | | | OEPUTY MEDI | CAL EXAMI | INER | | | |
| | EXAMINER'S NAME (Type) | Benedic | t Skit | arelic | | Address (Stree | et. city. to | wn, or county) | | 1/7/ | 166 |
| 224 | | ATION, 23b. DATE | | 23c. NAME OF CEM | AFTERY | | | LOCATION (City, to | wn or cou | | (State) |
| 230 | REMOVAL (Spec | clfy) | | | | | | | | | |
| _ | Burial | Jan 9, | 1966 | Beans Cove | Me | thodist Cem | ECID BY DE | eans Cove | Per | ma. | |
| 24 | . FUNERAL OIREC | I OR | | AUDKESS | | | | | ionela | , Judg | |
| X | ohn J. 7 | taken 22 | O Balt | Ave. Cumb | erl | and MODATE | ATT | 1966 | - Cap | 1 | - Mark |

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FOR STATE HEALTH DEPT.

O DEPUTY MEY EXAMINER: This certificate should be executed within 24 hours after death. If any delay poessary, please execut. The certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3, the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO DEPUTY MEN

5M

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2-with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VR ALSME 1/65

MADVIAND STATE DEPARTMENT OF MEATTH

| COOO 8 | MEDICAL | EXAMINER'S | CERTIFICATE | OF DEATH | 00008 |
|---------------|----------------|-------------------|-------------------|------------------|---------------|
| | TISTICAL RESEA | RCH AND RECORDS | S, 301 W. PRESTON | STREET, BALTIMOR | E 1, MARYLAND |
| | 1415217.1 | THIS SIMIL OF | I DIVINILATE OF | 11776111 | |

| 4 | | and the second s | | | |
|---------------|--|--|---|--|----------------------------------|
| 1. | PLACE OF DEATH a. COUNTY Allegany | MARYLAND | a. STATE | CE (Where deceased lived, If institution: b. COUNTY ryland A | Residence before admission) |
| | b. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) | LENGTH OF STAY IN 1b | c. CITY OR TOWN (If | outside corporate limits, write RURA | |
| | Cumberland | 60 years | Cu | mberland | 11-1 |
| | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi | | d. STREET ADORESS | | e. IS RESIDENCE |
| | 100 Laing Ave. | | | O Laing Ave. | ON A FARM? YES NO T |
| 3. | DECEASED | Middle | Last | 4. DATE Month | Dey Year |
| | (Type or print) Harry | Cleveland | | DEATH Jan. | 30 19 66 |
| 5. | Male White WIOOWED | NEVER MARRIEO OIVORCED | Aug. 10, 1 | 884 8 AGE (In years IFUNDE Months yrs. | Oeys Hours Min. |
| 10 | e, USUAL OCCUPATION (Give kind of work done 10b. KiND ring most of working lifa, even if retired) INDU | OF BUSINESS OR | 11. BIRTHPLACE (S | tete or foraign country) 12. | CITIZEN OF WHAT |
| | etired Inspectoer Rail | coad | Cumber | land, Md. | JSA |
| | . FATHER'S NAME | | 14. MOTHER'S MAIL | DEN NAME | |
| | Jacob Burns | | Mary | Gaver | |
| 15 | WAS DECEASED EVER IN II S ARMED EDROES 1 16 SOC | HAL SECURITY NO. 17. | INFORMANT | Addrass | |
| (Y | es no er unkown) (If yes give war or dates of service) | N | Trs. Virgin | ia Forbeck, Cumber | cland, Md. |
| | 18. CAUSE OF DEATH [Enter only one causa per line PART I. DEATH WAS CAUSED BY: | | occlusion | | INTERVAL BETWEEN ONSET AND DEATH |
| | IMMEDIATE CAUSE (a) | OOMOMMA | COOLODIO | 1 | 5023211 |
| | Conditions, If eny, which | CORONAR | Y SCLEROS: | IS | |
| | gave rise to immediate | | | | |
| | cause (a), steting the DUE TO | | | | |
| Z | underlying causa last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION | IC TO DEATH BUT NOT BELD | TED TO THE TERMINAL | DISEASE CONDITION GIVEN IN PART 1/2 | 1) 119. WAS AUTOPSY |
| CATIO | | | | | YES ND |
| CERTIFICATION | 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. | CRIBE HOW INJURY OCCU | RRED. (Enter nature o | f Injury In Part 1 or Part II of Item 1 | 18.) |
| CAL | | RY DCCURRED 20e. PLA | CE OF INJURY (Home, fary, street, office bldg., e | | ounty) (State) |
| MEDICAL | Hour a.m. While at work | Not While | 17, 3(1661, 011160 0108., | | |
| 2 | 21. I certify that I took charge of the remain | | d an Autopsy . | Inspection X, Inquiry X | , and in my opinion |
| M | death resulted from: Natural causes X, | | cide . Homici | de . Undetermined manne | r |
| | | (') | / CHIEF MEDICA | | |
| | SIGNATURE Deut chet | Ritareli | ASSISTANT ME | DICAL EXAMINER | and, Md. |
| | | | DEPUTY MEDIC | | |
| | EXAMINER'S Dr. Benedict Skit | arelic,M.D. | Address (Stree | t, city, town, or county) | . 30,1966 |
| 23 | a. BURIAL, CREMATION, 23b. DATE THEREOF 2 REMOVAL (Specify) | 3c. NAME OF CEMETER | OR CREMATORY | 23d. LOCATION (City, town or o | county) (State) |
| | Burial Feb. 2,1966 G | reenmount Co | emetery | Cumberland, Md | • |
| 24 | 4. FUNERAL DIRECTOR | ADDRESS | | C'D BY REGISTRAR 25b. REGISTRA | R'S SIGNATURE |
| 1 | James F. Scarpelli, Cumbe | riana, Md. | FAT B | 4 1966 Icharles | Judge |
| | | | | | |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| | UUUUJ | CERTIFICATE | OF DEATH | | - 00009 |
|---------------|--|-----------------------------|---|---|-------------------------------------|
| 1. | PLACE OF DEATH a. COUNTY | | | | tion: Residence before admission) |
| 10 | Allecan | MARYLAND | a. STATE | b. county | >10.11 |
| | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outs | ide corporate limits, write F | RURAL and give nearest town) |
| | OUT THE TANK A | | Comber | land | 01-1 |
| | d. NAME OF HOSPITAL OR INSTITUTION (if not in hos | pital, give street address) | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM?. |
| | 111 S. Lee St. | | 111 5. Le | ee St. | YES NO D |
| 3. | NAME OF FIRST DECEASED | Middle | 1 | DATE Month OF | Oay Year |
| 5. | (Type or print) Walter t |) | legett | DEATH 37. | 28 1966 |
| 3. | SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED [8 | . DATE OF BIRTH | 9. AGE (th years IFU last birthday) Mor | INOER 1 YEAR IF UNOER 24 HRS. |
| N | Tale Coloved WIOOWED | OIVORCED | Aug. 17, 1902 | 63 yrs. | |
| 10a | a. USUAL OCCUPATION (Give kind of work done 10b. KIN ring most of working life, even if retired) IND | O OF BUSINESS OR | /3 | | 12. CITIZEN OF WHAT COUNTRY? |
| | 1 1 | O.R.R. | Cumberli | and, Md. | U.S.A. |
| 13 | . FATHER'S NAME | | 14. MOTHER'S MAIDEN I | NAME | |
| | William Cleggett | | mary E. | Bailey | |
| | i. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO | OCIAL SECURITY NO. 17. | INFORMANT ' | Address | |
| | No | Mr. | s. lennie Thomp | DEN PITTS BU | roh Fa. |
| | 18. CAUSE OF DEATH [Enter only one cause per line | for (a), (b), and (c).] | 7 | | INTERVAL BETWEEN ONSET AND DEATH |
| | PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | (A 20118 | Men () | lem c | UNSET AND DEATH |
| | 163X DUE TO | | | | 175 |
| | Conditions If any which) | 110tacke | 20 () | | |
| | gave rise to immediate | Coccion Po. | | | |
| | cause (a), stating the DUE TO underlying cause last. | | | | |
| N | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT | INC TO DEATH BUT NOT BELA | TED TO THE TEDMINAL DISE | ASE CONDITION CIVENAN DAD | T1(a) 19. WAS AUTOPSY |
| CERTIFICATION | Herroelenta | + Ham | Heresive / | Foot Dis | PERFORMED? YES NO |
| H | 20a. ACCIDENT WAS UNDERLYING 20b. DE | SCRIBE HOW INJURY OCCU | RREO. (Enter nature of Inju | ury In Part I or Part II of Ite | em 18.) |
| | 20a. ACCIDENT WAS UNDERLYING 20b. OE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | |
| MEDICAL | | URY OCCURRED 20e. PLAC | E OF INJURY (Home, farm, y, street, office bidg., etc.) | 20f. (City or town) | (County) (State) |
| 9 | Hour a.m. While p.m. 19 at work | Not While at work | J. 311 EEL, OHIOG BIGE., C(C.) | | |
| 2 | 21. I certify that (I) (this hospital) attended | | , 1960 | 0 to 1/28 | 19 6 that/(1) (we) last |
| | saw the deceased alive on 12 | 19(a) and that | death occurred at 9 4 | M from the causes and | on the date stated above. |
| | 22a. SIGNATURE | and that | death occorred at | | 2b. DATE SIGNEO |
| | Selilenie | and le M.O. | ATTENOING MEO. | ECTOR PHYS. | 1/27/60 |
| 1 | 22c. PHYSICIAN'S | | 22d. AOORESS | c. C | 00001 |
| | NAME (Type) S & WE | 17MAN M | 599 | colone It Cow | weether, les |
| 238 | a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) | 23c. NAME OF CEMETERY | OR CREMATORY | 23d. LOCATION (City, town | |
| | Burial Jan. 31.1966 | Woodlawn | Cemetery | Cumberland | md. |
| 24 | FUNERAL OIRECTOR | AOORESS | 25a. REC'O | 1 001 | STRAR'S SIGNATURE |
| | Louis Stem, Inc. Com | berland, md | DATELB | £ 1966 felic | welly Judas |
| | | | | U | 11 0 |

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The first the first of the first the first of the first o

and 2 death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pusician and completely filled in by the funaral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

| | 00010 | CERTIFICATE | | | LTIMORE 1, N | ARYLAND |
|---------------|---|-----------------------------------|--|---------------------------------|---------------------|--|
| 1. | PLACE OF DEATH a. COUNTY ALLEGANY | MARYLAND | a. STATE MAR | YLAND | b. COUNTY ALI | esidence before admission EGANY |
| | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) CUMBERLAND | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF | | Ilmits, write RURAL | and give nearest town |
| | d. NAME OF HOSPITAL OR INSTITUTION (If not in I | ospital, give street address) | d. STREET ADDRESS | N. MECHA | ANIC ST. | e. IS RESIDENCE ON A FARM? YES NO |
| 3. | NAME OF First DECEASED (Type or print) MILDRED | Middle | CONDRY | | Month JANUARY | Day Year 27 19 66 |
| F | SEX 6. COLOR OR RACE 7. MARRIED WHITE WIDOWED | THE WALKEN | 8-9-02 | 9. AGE (last b | yrs. Months | Days Hours Min. |
| | | (IND OF BUSINESS OR NDUSTRY | MARYLAND 14. MOTHER'S MAIL | | gn country) 12. C | U.S.E. |
| 1 | WALTER VINEY | | CAROLINE | | | |
| (Ye | . WAS DECEASED EVER IN U.S. ARMED FORCES? 16s, no, or unknwn) (If yes give war or dates of service) | SOCIAL SECURITYNO. 17. | PAT TENT | 'S CHARE | Address | |
| | 18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acut | | usion | | | INTERVAL BETWEEN ONSET AND DEATH minutes |
| | | riosclerotic Ca chronic conges | rdiovascula tive failur | | with | 2 months |
| CERTIFICATION | Acute thrombosis, right; 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH | | (corrected) | : Diabetes | 3 | 19. WAS AUTOPSY PERFORMED? YES NO |
| MEDICAL CER | 20c. TIME OF INJURY Month, Day, Year 20d. | INJURY OCCURRED 20e. PLAC factor | CE OF INJURY (Home, fa y, street, office bldg., e | arm, 20f. (City or | town) (Cou | inty) (State) |
| K. | 21. I certify that (I) (this hospital) attends saw the deceased slive on January 22a. SIGNATURE | led the deceased from_D | death occurred at 7 | 9.65, to Jan. 220M, from the | causes and on t | that (I) (we) last he date stated above ATE SIGNED |
| | NARA (Tuno) | R, JR. M.D. | | ECHANIC ST | ., CUMBERI | LAND, MD. |

BURIAL, CREMATION, REMOVAL (Specify) REC'D BY REGISTRAR 25b. FEB 1 1966 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE 25a.

NAME OF CEMETERY OR CREMATORY

(State)

VR A15 20M I

23b.

DATE THEREOF

THE RESERVE OF THE RE

TYPE SE

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serie thrombain, right femanal arteny (corrected): Distates

setunin.

OF LOUPING BY A DESCRIPTION OF PRINCIPLE AND ADDRESS OF THE PRINCIPLE AND

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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15 (4) 1/65 VR A.J.5 20M 1,

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| UUULL | CERTIFICAT | E OF DEATE | 1 | | | |
|--|--------------------------------------|--|----------------------------|---|--------------------------------|---|
| 1. PLACE OF DEATH a. COUNTY ALLEGANY | MARYLAND | 2. USUAL RESIDENCE a. STATE MARY | CE (Where dece | ased lived, If inst b. COUN | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND | c. LENCTH OF STAY IN 1b | c. CITY OR TOWN (IF | | orate limits, wri | 1-1 | |
| d. NAME OF HOSPITAL OR INSTITUTION (IF not in h | ospital, give street address) | d. STREET ADDRESS | PLACE | | - / | e. IS RESIDENCE ON A FARM? YES NO X |
| 3. NAME OF DECEASED (Type or print) OCTAVIA | Middle MM*PRISCILLA | CROTHERS | 4. DATE OF DEATH | JANUAR | Y 24 Day | Year 19 66 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED WHITE WIDOWED | IN NEVER WARRIED | 8. DATE OF BIRTH 9-4-1899 | | AGE (In years last birthday) 66 yrs. | Months Days | Hours Min. |
| HOUSEWIFE 13. FATHER'S NAME William Engle | DEC . SOCIAL SECURITY NO. 17. | PAW PAW 14. MOTHER'S MAIL Rachael INFORMANT BRUCE CROTHE | WEST DEN NAME Fishel | VIRGINIA Addres | DEC. | 5 A |
| Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | YOCAKDIAL | T NFAR | | | ONS | WAS AUTOPSY PERFORMED? |
| CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. I Hour a.m. While | Not While facto | ORRED. (Enter nature of CE OF INJURY (Home, fa ry, street, office bldg., e | arm, 20f. (C | t or Part of | | (State) |
| p.m. 19 at work 21. I certify that (I) (this hospital) attend saw the deceased alive on 22a. SICNATURE 22c. PHYSICIAN'S NAME (Type) | led the deceased from | | . 35 | n the causes a | and on the dat 22b. DATE SI | |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial Jan. 26, 1966 24. FUNERAL DIRECTOR John K Halu: 230 Balt | Sunset Memory ADDRESS O Ave., Cumber | ial Park | Near | ATION (City, too r Cumber RAR 25b. RE | land. Mo | |

| | 2 | | | |
|--|---|--|--|--|
| | | | | |

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|-----|--|--|--------|

| (3) | MARKER | | 112 1 1 1 | 1,7 |
|------------|------------------------|----------------------|-----------|---------|
| | CUMBERLAS | HAIL LIFE | 0.01 | CUMBER |
| BÓAL | Te 3 1 1 0 2+ - | | EAT 159. | SACKED |
| MAE | 2.71 7 80 | T NAME OF THE OWNER. | ALVATON | |
| | 6681-t _f -6 | | 3T/HW | FE1. |
| THE PERMIT | UP W | | 37 | HWESUCH |

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BRUCE CRITERS - USBACO POR PL.

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MILEGRAPH

FOR STATE HEALTH DEPT.

O DEPUTY MEL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. O DEPUTY MED

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

() U 12

| 1. | PLACE OF DEAT | H | | | | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) | | | | | | | |
|-----------------------|------------------------------|--------------------------------------|----------------|-----------------------------|--------|---|---------------|---------------------------------|------------|----------|----------------|----------------|--|
| 1 | ALLEC | NV NY | | MARVIA | Ne | a. STATE MARYTAND b. COUNTY ALLEGANY | | | | | | | |
| 1 | | N (If outside corporat | e limits. | MARYLA | | A 1/2 1/2 1/2 2/2 1/2 1/2 1/2 1/2 1/2 1/2 | | | | | | | |
| | Write RURAL | and give nearest tow | n) | | | | | _ | , , | | | | |
| _ | FROST | | 81 (17 1 for b | D. O. A. | | FROST | BURG, | | 1-1 | 1.0 | . IS RES | IDENCE | |
| | U. NAME OF HO | SPITAL OR INSTITUTIO | N (II not in n | ospital, give street add | ress) | G. STREET ADDRESS | | | | | ON A F | ARM? | |
| | MINE | ERS HOSFITA | L CC. | | | 54 W. MEC | HANIC | STREET, | | Y | ES 🗌 | NOX | |
| 3. | NAME OF DECEASED | Fli | st | Middle | | Last | 4. DATE | Mont | h | Day | Yea | ar | |
| | (Type or print) | HE | WRY | | | CULLEN | DEATI | | | 28 | 19 | | |
| 5. | SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | | B. DATE OF BIRTH | 9. | AGE (In years last birthday) | Months I | 1 YEAR | Hours | R 24 HRS. | |
| | MALE | WHITE | WIDOWED | DIVORCED | | 8/31/09 | | 56 yrs. | MONTHS | Days | Hours | Willia. | |
| 10 | . USUAL OCCUPAT | ION (Give kind of work | ione 10b. K | IND OF BUSINESS OR | | 11. BIRTHPLACE (S | tate or fore | ign country) | | ITIZEN (| OF WHAT | | |
| au | ring most of work | ing life, even if retired | | NDUSTRY LANESE CORP. | | OTITO | | | | US | | | |
| 13 | . FATHER'S NAM | E | 1 011. | DANIBOL CORT. | • | OHIO 14. MOTHER'S MAID | EN NAME | | - | 00 | A | | |
| | TO 8 3 7 7 7 7 | | 3.7 | | | | 111 | | | | | | |
| 15 | | EL J. CULLE EVERINU.S. ARMED FO | | SOCIAL SECURITY NO. 1 | 17 | MARTHA N | I. MCK | 트년 - Addre | | | _ | | |
| (Y | es, no or unkown) | (If yes give war or dates o | service) | SOCIAL SECURITINO. | 17. | INFURMABI | | | ME ME | CHAN | TC S | т. | |
| | NO | | 21. | 4-01-3687 | MIS | SS MARY C. C | RIMES | FROST | BURG, | MD. | | | |
| | | | | ine for (a), (b), end (c).] | | | | | | INTER | RVAL BE | TWEEN DEATH | |
| | PART I. DI | EATH WAS CAUSED BY IMMEDIATE CAUSE | (a) | Co | roi | nary Occlus | sion | | | Sud | den | | |
| | 420 |) DUE | | | | | | | | | | | |
| | Conditions, If | any which i | (b) | | Core | onary Scler | rosis | | | - | -three spiller | | |
| | geve rise to | immediete (| | | | | | | | | | | |
| | underlying cause | toting the | | | | | | | | | | | |
| z | | | (c) | ITING TO DEATH BUT NO | TRELA | TED TO THE TERMINAL | DISEASE CON | DITION GIVEN IN | PART 1(e) | 119. | WAS AU | | |
| CATIO | | | | | | | | | | | PERFOR S | MED? | |
| MEDICAL CERTIFICATION | 20e. EXTERNA PRIMARY OF DEAT | L CAUSE WAS CONTRIBUTING [] H. | 20b. | DESCRIBE HOW INJURY | OCCL | IRRED. (Enter nature of | injury in P | Part I or Pert II | of Item 18 | 1.) | | | |
| 2 | | INJURY Month, Day, | Vant I 20d I | NJURY OCCURRED 200 | 0 01 0 | CE OF INJURY (Home, fa | rm 1 20f | (City or town) | (00) | unty) | 19 | State) | |
| 100 | Hour e.i | | While | | facto | ry, street, office bldg., e | | (Gity of town) | (00) | unty/ | , | ,,,,,, | |
| ME | p. | | at work | at work | | | | | | | | | |
| | 21. I certify | y that I took charge | of the rem | ains described above | e, he | ld an Autopsy 🗓, | Inspection | on 💢, Ingi | iry XX | and | in my | opinion | |
| | death result | ed from: Natural | causes X | Accident , | Sui | cide , Homici | de 🔲, | Undetermined | manner | | | | |
| | Call Control | 1 | 1 7 | 11 | 1. | CHIEF MEDICA | LEXAMINER | R 🔲 | | | | | |
| | ACTUAL SIGNATURE | 2 emester | TM | Retarele | 0 | M.D. ASSISTANT ME | DICAL EXAM | INER | | 22. | DATE | SIGNED | |
| | 1 | | | | | DEPUTY MEDIC | AL EXAMIN | ER X Jani | lary 2 | 28. | 1966 | | |
| | EXAMINER'S NAME (Type) | BENEDICT S | KITAREI | LIC, M.D. | | Address (Stree | t, city, towr | , or county) Ci | mber. | land | , Md | • | |
| 23 | | MATION, 23b. DATE | HEREOF | 23c. NAME OF CEM | ETERY | | | OCATION (City, 1 | | | - | tate) | |
| | BURTAL | eclfy) 1-31-6 | 6 | F'BG. MEMO | RTA | T. PARK | H | ROSTBURG | | | M |). | |
| 24 | . FUNERAL DIRE | | ,,, | ADDRESS | 44.44 | | C'D BY REG | ISTRAR 25b. | EGISTRAR | | | | |
| 2 | JOSEPH R | . DURST, SF | | FROSTBURG, 1 | MD. | EAFEB | 3 10 | 166 | iarles | Jus | age. | | |
| _ | | | - / | | | DATE | 0 10 | | | - | 9 | | |

IL SO SPECIALISM SHOWARD LANGUE A CONTRACTOR Condition Transfer Joseph In Enlarged a E CONTRACTOR OF THE CONTRACTOR XX X X X . willers 25, 1755 Geografia, 114. ALL CONTRACTOR STATES

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FOR STATE HEALTH DEPT.

O DEPUTY MEI EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

AISME (5)

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND กกกาว MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| 1 | 034 G 3 6) | | | | 01111110 | 11 - 01 | | | ALC: U | | |
|-----------------------|----------------------------------|---|--------------------|----------------------------|--------------------------|--------------|---------------------------------|------------|--------------|------------|----------|
| | PLACE DF DEATI | Н | | | | DENCE (When | e deceased lived, If Ir | | Residence | before ad | mission) |
| | | ALLEGANY | | MARYLAND | a. STATE | ARYLAN | b. cou | | LEGA | NY | |
| | b. CITY OR TOW | N (If outside corporate and give nearest town | limits, | c. LENGTH OF STAY IN 1 | | | corporate limits, w | | | | t town) |
| | CUMBER | | ' | 40 YEARS | CIIMB | ERLAND | 01 | -1 | | | |
| | | | (if not in ho | spital, give street addres | s) d. STREET ADDI | | | | 6 | . IS RES | IDENCE |
| | X K-XX | 508 PEARRE | AVE. | | 50 | 8 PEAR | RE AVE. | | 1 | | NO X |
| | NAME OF Deceased | Fir | st | Middle | Last | 4. Di | ATE Mon | th | Day | Yea | ir |
| | (Type or print) | ERNES | | F. | DAVIS | | EATH JAN | | 0 | 19 | 66 |
| 5. | SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRT | Н | 9. AGE (In years lest birthdey) | Months | | Hours | Min. |
| | ALE | WHITE | WIDOWED | DIVORCED _ | JAN.1,189 | 3 | 73 yrs. | | | | 1911111 |
| 10e. durii | USUAL OCCUPAT ng most of work | ION (Give kind of work d ing life, even if retired | one 10b. Ki | ND OF BUSINESS OR IDUSTRY | 11. BIRTHPLA | CE (Stete or | foreign country) | 12. C | OUNTRY | OF WHAT | |
| | DREMAN | | RAII | LROAD | KAYS | ER, W. | VA. | US | A | | |
| 13. | FATHER'S NAM | E | | | 14. MOTHER'S | MAIDEN NAM | (E | | | | |
| | CHARLES | E. DAVIS | | | LENA | MERRYM | AN | | | | |
| 15. (Yes | WAS DECEASED | EVER IN U.S. ARMED FOR | CES? 16. 5 | SOCIAL SECURITY NO. 17 | . INFORMANT | | Addre | 958 | | | |
| (100 | NO | (11 Jes give was of Garces of | 705 | 5 09 9838 | MARGUERIT | אומדיי פי | ET.T. CITME | ERLAN | TD N | D. | |
| T | | DEATH [Enter only one | | | THEREGOISTELL | 11 11 11 | MILL COME | | INTE | RVAL BET | TWEEN |
| | | EATH WAS CAUSED BY: | | CORONARY | OC CLUSTO | TAC | | | | ET AND DET | |
| | 4201 | | | CONONALL | VV VIIIVI | /IX | | | | | |
| | Conditions, if | eny, which \ | b) | CORONAL | RY SCLEROS | SIS | | | | | - |
| | gave rise to | Immediate (| | | 14 | | | | | | |
| | cause (e), si underlying caus | tating the | | | | | | | | | |
| | | | (c) NS CONTRIBU | TING TO DEATH BUT NOT RE | LATED TO THE TERMI | NAL DISEASE | CONDITIONGIVENI | PART 1(a) | 19. | WAS AU | |
| MEDICAL CERTIFICATION | | | | | | | | | YE | PERFOR | MED? |
| 음 | 20a. EXTERNA | L CAUSE WAS | 20b. D | ESCRIBE HOW INJURY OC | CURRED. (Enter natu | re of inlury | In Part I or Part II | of Item 18 | 1 | <u> </u> | X XX |
| ERT | PRIMARY OF DEAT | CONTRIBUTING [| | | | | | | , | | |
| 2 | | INJURY Month, Day, Y | ear 1 20d IA | JURY OCCURRED 20e. P | LACE OF INJURY (Hor | me farm 20 | Of. (City or town) | (Co | unty) | 15 | State) |
| DIC | Hour e.r | | While | Not While | ctory, street, office bl | | (011) 01 101111, | (00 | ,, | ,, | , , , |
| M. | р.і | | at work | at work | | | | | | | |
| | 21. I certify | y that I took charge | of the rema | ains described above, l | held an Autopsy L | , Inspe | ection ke Inq | uiry xxx | and | In my | opinion |
| | death result | ed from: Natural | causes 🔯 | Accident . | Suicide, Ho | micide | , Undetermine | d manner | | | |
| | | 12 | 1. 1 | 1- 11 | CHIEF ME | DICAL EXAMI | NER | | | | |
| | ACTUAL SIGNATURE | Krewed | ETX | Kilarelic | EIVI. U. | T MEDICAL E | | | | DATES | IGNED |
| | EXAMINER'S | | | | DEPUTY N | EDICAL EXAM | MINER 🗶 Jan | uary | 30, | 1966 | |
| | NAME (Type) | | | RELACC, M.D. | | | town, or county) C | | | | |
| 23a. | BURIAL, CREM REMOVAL (Spi | MATION, 23b. DATE T | HEREOF | 23c. NAME OF CEMETE | RY OR CREMATORY | 23d. | LDCATION (City, | town or co | unty) | (St | ate) |
| | RIAL | FEB. 2.1 | 966 | HILLCREST E | | | UMBERLAND, | MD. | 10 015 | ATURE | |
| 24. | FUNERAL DIRE | CIUR | | ADDRESS | 1 25a. | | 1.60 | REGISTRAR | S SIGN | | |
| | DIVON | KIGHT | COM | BERLAND, MD. | FEF | 12 1 | 966 Jene | reles | The state of | - | |

Brudist Stanle

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then pleas, remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

| 00014 | | CERTIFICAT | E OF DEATH | | 0014 |
|-------------------------------|--|-------------------------------|-----------------------------------|------------------------------------|-------------------------------------|
| 1. PLACE OF DEAT | | | | ere deceased lived, If institution | n: Residence before admission) |
| | ALLEGANY | MARYLAND | a. STATEARYLAN | | ALLEGANY |
| b. CITY OR TOW write RURAL | N (If outside corporate limits, and give nearest town) | c. LENCTH OF STAY IN 1b | c. CITY OR TOWN (If outside | e corporate limits, write RU | RAL and give nearest town) |
| | ERLAND | 5 DAYS | CUMBERL | AND 0/- | |
| | SPITAL OR INSTITUTION (If not in | hospital, give street address | | | e. IS RESIDENCE ON A FARM? |
| | RIAL HOSPITAL | | | STREET | YES NO X |
| 3. NAME DF DECEASED | First | Middle | 001110 | OF Month | Day Year |
| (Type or print) 5. SEX | 6. COLOR OR RACE 7 MARRIE | V | 8. OATE OF BIRTH | JANUARY 19. ACE (In years IF UNI | DER 1 YEAR IF UNDER 24 HRS. |
| | 7. MAKKIE | D X NEVER MARRIED | 9-25-1903 | last birthday) Month | ns Days Hours Min. |
| FEMALE | WHITE WIDOWE | KIND OF BUSINESS OR | 11. BIRTHPLACE (County & | 62 yrs. | . CITIZEN OF WHAT |
| during most of work | ing life, even If retired) | INDUSTRY OWN HOME | CUMBERLAND | | COUNTRY? |
| 13. FATHER'S NAM | LWIFE | | 14. MOTHER'S MAIOEN NAI | | U.S.A. |
| JOHN | GORDON | | DEL LA BEL | TC | |
| 15. WAS DECEASED | EVER IN U.S. ARMED FDRCES? 10 | | INFORMANT | Address | |
| no no unkown) | (If yes give war or dates of service) | | MEMORIAL HOSP | TAL - CUMBERL | AND, MD. |
| 18. CAUSE OF | DEATH [Enter only one cause per | #n@for (a), (b), and (c).] | 10 | 4 | INTERVAL BETWEEN ONSET AND OEATH |
| PART I. O | EATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | ulmange | , Tillage | Ventla | ONSEI AND OLAIN |
| 525 | Y DUE TO A | 10 . 1 | 1 | | |
| Conditions, If | | rome / | ypapio | e · | |
| gave rise to cause (a), s | | 1 - 1 - 2 | 9. 150- | | |
| underlying caus | se last. (c) | 70000 | ATTO TO THE TERMINAL DISEASE | CONDITION OF THE PART | (a) 19. WAS AUTDPSY |
| O PARTITUDINER: | SICHIFICANI CUNUITIUNS CONTRI | BOTING TO DEATH BUT NOT RE | TALED TO THE LEKWINAL DISEASE | 2 CONDITION CIVEN IN PART | PERFORMED? |
| 20a ACCIDENT | WAS UNDERLYING ☐ 20b. | DESCRIBE HOW INJURY OCC | CURREO, (Enter nature of Injury | In Part I or Part II of Item | YES NO |
| PART II. DTHER | ING CAUSE OF DEATH TIFY MEDICAL EXAMINER) | V | John Let (Enter market 4: mys.) | | |
| 3 2Dc. TIME OF | INJURY Month, Day, Year 2Dd. | | ACE OF INJURY (Home, farm, 2 | 20f (City or town) | (County) (\$tate) |
| 2Dc. TIME OF Hour a. | | e Not While at work | tory, street, office bldg., etc.) | - haste | Alle Alle |
| | fy that (I) (this hospita) atten | med the deceased from | 1/2/64 19 | to 1/14/16 1 | 9 that (I) (we) last |
| | ceased alive on 1/14/ | 2 4 19, and th | at death occurred at 2:44 | M, from the causes and o | on the date stated above. |
| 22a. SIGNATU | REMAN OF | | ATTENOING MED. | STAFF 22b | DATE SIGNED |
| 1 | Mallin | m | .D. PHYS. OIRECT | OR PHYS. | 15/66 |
| PAZC. PHYSICIA NAME (T | ype) DR. R. J. W | III IAMC | 22d. AOORESS | SENTER OF | |
| 23a. BURIAL, CREM | MATIDN, 23b. DATE THEREOF | 1 23c. NAME OF CEMETE | RY OR CREMATORY 1 230 | d. LDCATION (City, town or | COUNTY) (State) |
| REMOVAL (Sp Burial | Jan. 17, 1966 | | | umberland Ma | |
| 24. FUNERAL DIR | | ADORESS | 25a. REC'D BY | REGISTRAR 25b. REGISTI | RAR'S SICNATURE |
| . James F | . Scarpelli, Cu | mberland, Md. | OATEN 18 | 1966 Jelian | las Judge |
| | | | | | |

VR AI5 (4) 2DM 1/65

b b . YMADS KIE JATES CON MISSING DUHIGERIAND, MO. 37.13E ALEGO 34 JULY 1835 18 - 14 4920 1 14 150 12 The state of the state of the state of the where the training of the state The state of the s

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending drysican and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OU15
CERTIFICATE OF DEATH

11 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before

| 0000 | | | | | | | | | | |
|---|--|---------------|---|----------|--------------------------------|------------------|--|-------------|-----------------|---------------|
| 1. PLACE OF DEATH a. COUNTY | tanv | | MARYLA | AND | 2. USUAL RESIDENCE a. STATE | E (Where | deceased lived, If in b. COU | YTY | sidence be | |
| | outside corporate lin | nits. I | C. LENGTH OF STAY | | c, CITY OR TOWN (If | | orporate Ilmits, wi | Ite RURAL | and give | nearest town) |
| write RURAL and Rural Ves | give nearest town) | , | 50 Years | | Rural Wes | | | 1 | | |
| | AL OR INSTITUTION (if | not in ho | | dress) | d. STREET ADDRESS | e celli | DOI 0 0 1 | -1 | | S RESIDENCE |
| | oney Run Ro | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | rural St | . 20 (0.17 | Pun Pand | | | ON A FARM? |
| | | <i>rau</i> | Made | - 1 | | 1 4. DAT | | h | Day | Year |
| 3. NAME OF DECEASED (Type or print) | First Lottie | | Middle | | Dav i s | OF DEA | TH Janua | ry | 21, | 19 66 |
| 5. SEX 6. | COLOR OR RACE 7. N | ARRIED [| NEVER MARRIED | 8 | . DATE OF BIRTH | | AGE (In years last birthday) | Months | | Hours Min. |
| Female | lhite w | IDOWED [| DIVORCED | | May 10, 18 | | 89 yrs. | | | |
| 10a. USUAL OCCUPATION during most of working I | (Give kind of work done ife, even if retired) | 10b. KI | ND OF BUSINESS OR DUSTRY | | 11. BIRTHPLACE (Co | ounty & Sta | ite, or foreign country | | TIZEN OF UNTRY? | WHAT |
| Housewife | | | mestic | | West Vi | rgini | B. | U.S | . hel | |
| 13. FATHER'S NAME | | | | | 14. MOTHER'S MAID | EN NAME | | | F 56 | |
| Michael | Davis | | | | Janes | Tho | mpson | | | |
| 15. WAS DECEASED EVER | IN U.S. ARMED FORCES | | SOCIAL SECURITY NO. | 17. | INFORMANT | | Addre | SS | 0.5 | |
| (Yes, no, or unkown) (If | yes give war or uates of serv | | none | 757 | s. Owen Rho | des | Wester | nport. | bar. | |
| | TH [Enter only one car | | | | | | | | | AL BETWEEN |
| | WAS CAUSED BY: | | Coital. | hast | Homma | rda | 0 | | UNSET | AND DEATH |
| 33/X | MMEDIATE CAUSE (a)_ | | | 1.01 | 1100000 | 1 | | | | 1 |
| Conditions, If any, | which \ DUE TO | 1 | tuponte | ns | im | | | | 10 | Years |
| gave rise to imr | nediate (| | 711 | | 1011 | | | | | |
| cause (a), statin | ig the | | | | | | | | | |
| | | ONTRIBU | TING TO DEATH BUT NO | OTRELA | TED TO THE TERMINAL D | DISEASE C | ONDITION GIVEN IN | PART1(a) | 19. W | AS AUTOPSY |
| CATI | | | W ESTA | | | | | | YES | ERFORMED? |
| PART II. OTHER SIGN 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY | UNDERLYING | 20b. D | ESCRIBE HOW INJUR | Y OCCU | RRED. (Enter nature of | f Injury In | Part I or Part II | of Item 18. |) | |
| (IF EITHER, NOTIFY | S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | | | | | | | | | |
| 3 20c. TIME OF INJU | IRY Month, Day, Year | 20d. IN | JURY OCCURRED 20 | De. PLAC | E OF INJURY (Home, fa | | . (City or town) | (Cou | nty) | (State) |
| 20c. TIME OF INJU Hour a.m. p.m. | 19 | While at work | Not While at work | tacto | ry, street, office bldg., e | etc.) | | | | |
| | nat (I) (this hospital | | | om 7 | ~ (e 1 | 066 | o Tan 21 | 19/1 | 5 that | (I) (we) last |
| saw the decease | | Jil 11 | 7 19 C/c ar | nd that | death occurred at | 45 M | from the causes | and on th | ne date s | stated above. |
| 22a. SIGNATURE | sed arrec on | 1 | 10.32., 01 | id that | | 7 | | 22b. D/ | ATE SIGN | ED |
| 1 Ga | a GAN | il | m | M.D | | MED. DIRECTOR | STAFF PHYS. | To | 1,7 | 4.1966 |
| 22c. PHYSICIAN'S | | | | | 22d. ADDRESS | | | | | |
| NAME (Type) | Paul R. W: | lson | | | | Pi | edmont, W | · Va. | | |
| 23a. BURIAL, CREMATI | ON, 23b. DATE THER | EOF | 23c. NAME OF CE | METERY | OR CREMATORY | 23d. | LOCATION (CIty, | town or cou | inty) | (State) |
| REMOVAL (Specify | 1/24/66 | | Llewellyr | Cei | netery | | arton, | | | Md. |
| 24. FUNERAL DIRECTO | | | ADDRESS | | 25a. RE | C'D BY RE | GISTRAR 25b. | / | - | |
| 8:01 | mal; | We | sternport. | Md. | DATE | 25 | 1956 196 | ingela | Jud | ge |
| | | | | 1332 | | | 12 | | 11 | |

VR A15 (4) 15M 4-64

| TOD CTATE | | | MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND |
|---|----|---------------|--|
| FOR STATE | | | MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00016 |
| HEALTH DEPT | - | 1. | PLACE DF OEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY |
| e a 4 | H | | Allegany MARYLANO Maryland Allegany |
| funeral may be artment | | | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| cessary, the funeral e 5 may be Department after death. | | _ | Cumberland D O A La Vale O/-/ d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE |
| Page 1 to trace 1 to t | 79 | | ON A FARM? |
| ab SE | 7 | 3. | Memorial Hospital |
| MA3. | | | DECEASED |
| ges 1, 2 form P form P within | | 5. | (Type or print) Walter Eugene Derlan SEX 6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO S. OATE OF BIRTH MIDDWED DEVENOR DE 19. ACE (In years of Funder 19 August 19 Hours of Min.) Married New Marrie |
| ath. | | | Male White mboned broken March A. 192/, A. 1 vrs. |
| ive Pand with | | 10a dur | . USUAL OCCUPATION (Give kind of work done in mork done in most of working life, even if retired) 10b. KINO OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| affe S. Gi ong amy | | 13 | Rupervisor Forman ReadyTrack B&ODeisel Maryland U.S.A |
| nurs af n 18. alon, pages in an | | 10. | |
| Tile and | | 15. | Herman B. Derlan Rose Riggleman Was DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT |
| in 2 's 0 it. I | | (Ye | s, no, or unkown) (If yes give war or dates of service) Yes W W 2 218-16-2779 Mrs. Mildred G. Derlan-45 Nat'l Hwy, La Vale |
| within 2 pencil in miner's C permit. | | | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] |
| in i Exam Exam Sit p | 16 | | PART I. OEATH WAS CAUSED BY: Coronary Occlusion OMSET AND DEATH Sudden |
| "pending" in "pending" in f Medical Exar Medical Exar burial-transit cremation, or | н | | 4201 DUE TO Commence Colonegia With Thrombogia |
| be e Dend Jedic Jedi Jedic Jedic Jedic Jedic Jedic Jedic Jedic Jedic Jedic Jedic Jed | 1 | | gave rise to immediate (b) GOTORETY SCIETOSIS WITH INTORBOSIS |
| d a bu | 37 | | cause (a), atating the OUE TO |
| ate sho le wor he Chi ed as burial | | NO | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY |
| the the used | 2 | CERTIFICATION | PERFORMED? YES Y - NO |
| riting ded to ded to prior | | E | 20a. EXTERNAL CAUSE WAS 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) |
| writ arde arde ould t, pr | | | PRIMARY Or CONTRIBUTING CAUSE OF DEATH. |
| R: This cate, write forward 3 should agent, p | | MEDICAL | 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (State) |
| ed be | | ME | p.m. 19 at work at work |
| EXAMI the certi should by files. | | | 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and in my opinion |
| e c t t | | | death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner |
| MEL ecute the Page 4 or your DIREC or its d | | | ACTUAL SIGNATURE Devedict Skitarelie M.D. ASSISTANT MEDICAL EXAMINER [22. DATE SIGNED |
| | 2 | | OEPUTY MEDICAL EXAMINER X January 24, 1966 |
| o DEPUTY please ex director. retained f o FUNERAL of Health | | 02: | NAME (Type) BENEDICT SKITARELIC, M.D. Address (Street, city, town, or count@imberland, Md. |
| O DEPU please director retained O FUNE of Heal | 8 | 23a. | REMOVAL (Specify) |
| | 0 | 24. | FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE |
| VR AISME (5) | B | V | of The 230 Balto Ave. Cumberland, Md. 58 1 1968 Charles Judge |

, , , , , Manufacture Total Company of the Com Agency Toronto 24 A.E.T. harden and the control of the the state of the s Correctly delegands (3.1) Three-locate The second secon Service St. Acres Services Control Control Control the second second and the state of t

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| | COLL | CERTIFICATI | E OF DEATH | | 00017 | | |
|---------------|---|--------------------------------|-------------------------|---|---------------------------------|--|--|
| 1. | PLACE DF DEATH a, COUNTY | | | CE (Where deceased lived, 11 institution | on: Residence before admission) | | |
| | ALLE GANY | MARYLAND | a. STATE | A N I D A I I I | FCANY | | |
| | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If | Outside corporate limits, write RU | IRAL and give nearest town) | | |
| | CUMBERLAND | 5 DAYS | CUMBI | ERLAND. 0/- | 1 | | |
| - | d. NAME OF HOSPITAL OR INSTITUTION (if not in h | | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? | | |
| | MEMORIAL HOSPI TAL | | 328 FAY | ETTE ST. | YES NO X | | |
| 3. | | Middle | Last | 4. DATE Month | Day Year | | |
| - | (Type or print) CARL | EMERY | DICKEN | DEATH JANUARY | 1.7 19 66 | | |
| 5. | SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED 1 | B. DATE OF BIRTH | 9. AGE (In years IFUN last birthday) Mont | DER 1 YEAR IF UNDER 24 HRS. | | |
| 1 | MALE WHITE WIDOWED | DIVORCED | 10-21-19 | 03 62 yrs. Mont | hs Days Hours Min. | | |
| 10 | a. USUAL OCCUPATION (Give kind of work done 10b. K | (IND OF BUSINESS OR | 11. BIRTHPLACE (C | ounty & State, or foreign country) 12 | 2. CITIZEN OF WHAT COUNTRY? | | |
| 100 | | Brewery | MARY | LAND | U. S. A. | | |
| 13 | 3. FATHER'S NAME | | 14. MOTHER'S MAIL | | | | |
| | JOHN E. DICKEN | | LEDA MAY FISHER | | | | |
| 1 | 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. | SOCIAL SECURITY NO. 17. | INFORMANT | Address | THE CONTRACTOR | | |
| 1" | | 14-05-5071 | MEMORIAL I | HOSPITAL CUMB | ERLAND. MD. | | |
| = | 18. CAUSE DF DEATH [Enter only one cause or I | line for (a), (b), and (c).1 / | 11/1 | 0 | INTERVAL BETWEEN | | |
| 10 | PART 1. DEATH WAS CAUSED BY: | retiral | May ore | what is | ONSET AND DEATH | | |
| | 332X DUE TO 14 | 1 | | | | | |
| | Conditions, If any, which | sherle | uki | 1 ~ | | | |
| | gave rise to immediate cause (a), stating the DUE TO | 19 | t | | | | |
| | underlying cause last. (c) | | - | Service Market | | | |
| NO | | | | | | | |
| CAT | | | | | YES NO | | |
| CERTIFICATION | 2Da, ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH | | | | | | |
| CE | (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | | | |
| CAL | 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 201. (City or town) (County) | | | | | | |
| MEDICAL | Hour a.m. While p.m. 19 at wor | Not while | y, siteet, oncobidg., e | 1 unshedlan | Malendo | | |
| - | 21. I certify that (I) (this hospital) attended the deceased from 1/2/le 4, 19, to 1/19/16, 19, that (I) (we) last | | | | | | |
| | saw the deceased alive on | | | | | | |
| V | 22a. Sychapure 22b. Daffe Signey | | | | | | |
| 1 | Manera | CC A M.D |). PHYS. | MED. STAFF DIRECTOR PHYS. | 1/19/66 | | |
| 1 | 22c. PH/S/CIAN'S NAME (Type) | | 22d. ADDRESS | 0 054505 05 / | | | |
| | DR. R. J. WIL | LIAMS | | S. CENTRE ST. | Cwnb. Md. | | |
| 23 | BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 1/20/66 | 23c. NAME OF CEMETERY | | 23d. LOCATION (City, town o | | | |
| | | SS. Peter & | Paul Cem. | COD BY REGISTRAR 25b. REGIST | Maryland | | |
| 2 | 4. FUNERAL DIRECTOR | ADDRESS | 100 | 101 | TAN S SIGNATURE | | |
| 1 | H. Wayne George Cumber | rland. Maryland | DAVE | 124 1956 RCCia | ged Ban Unedown | | |

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stoun MAIA BLIA HE BUTTER AN ELECTION OF THE ST. A TANADUAL - MARKETON THE STATE OF THE S A MENDINE R MAIN, The state of the s

of the former between the sound and the

FOR STATE HEALTH DEPT.

DEPUTY MEI EXAMINER: This certificate should be executed within 24 hours after death. If any delay ecessary, please execute are certificate, writing the word "pending" in pencil in Item 18, Give Pages 1, 2, and 3 km, e funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office a congribit form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages T and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR

AI 5ME (5) 1/65 5M

2

| | MARYLAND STATE DEPARTMENT OF HEALTH | | |
|----|---|------------|---|
| Di | vision of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M | MARYLAND . | |
| 3 | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 00019 | Q |

| - | | | | | | | |
|--|---|--|----------------------------|--|--|--|--|
| 1. | PLACE OF DEATH a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATE b. COUNTY | esidence before admission) | | | | |
| ALLEGANY MARYLAND | | a. STATE MARYLAND ALLEGANY | | | | | |
| | b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town) | c. CITY OR TOWN (If outside corporate limits, write RURAL | end give nearest town) | | | | |
| | LA VALE | LA VALE 01-1 | | | | | |
| | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | d. STREET ADDRESS | a. IS RESIDENCE | | | | |
| | | 220 NATIONAL HIGHWAY | YES NO TO | | | | |
| 3. | 220 NATIONAL HIGHWAY NAME OF First Middle | Last 4. DATE Month | Day Year | | | | |
| 0. | DECEASED (Type or print) ROBERT W. DIGGS | OF DEATH JAN 21 | 19 66 | | | | |
| 5. | | R DATE OF BIRTH 19. AGE (In years LIFTINDER) | | | | | |
| | WIDOWED TO DIVORGED TO | | Days Hours Min. | | | | |
| 108 | MAT,E; WHITE; WHOWED DIVORCED | 001 1/10 | TIZEN OF WHAT | | | | |
| dui | ing most of working life, even if retired) INDUSTRY | CO | UNTRY? | | | | |
| | EWELER TEWELRY | MARYLAND US | Α | | | | |
| 13. | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | | | |
| | JOHN W. DIGGS | IRENE ROBERTS | | | | | |
| 15 (Y | . WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. | INFORMANT Address | | | | | |
| | | MRS. ELENORE DIGGS LA VALE, | MD. | | | | |
| | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | | INTERVAL BETWEEN | | | | |
| | PART I. DEATH WAS CAUSED BY: CORONARY | OCCLUSION | SUDDEN | | | | |
| | 1/2 1 | 00000101 | | | | | |
| | Conditions if any which is | | | | | | |
| | gave rise to immediate | | | | | | |
| | cause (a), steting the DUE TO | | | | | | |
| 2 | underlying cause last. (c) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA | TED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) | 119. WAS AUTOPSY | | | | |
| T.0 | TAKTIL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA | TED TO THE TEXNITIAL DISEASE CONDITION GIVEN IN ANY X(V) | PERFORMED? | | | | |
| S | | | YES NO X | | | | |
| MEDICAL CERTIFICATION | 20a. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH. | RRED. (Enter nature of Injury in Part 1 or Part II of Item 18. | | | | | |
| AL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAI | CE OF INJURY (Home, farm, 20f. (City or town) (Cou | nty) (State) | | | | |
| 100 | While Mot while | ry, street, office bldg., etc.) | | | | | |
| Z | p.m. 19 at work et work | A section TV Instituted | and in my eninion | | | | |
| | 21. I certify that I took charge of the remains described above, held an Autopsy, Inspection XX, Inquiry XX, and in my opinion | | | | | | |
| | death resulted from: Natural causes XX, Accident [], Suicide [], Homicide [], Undetermined manner | | | | | | |
| | CHIEF MEDICAL EXAMINER | | | | | | |
| | SIGNATURE SUMMER SIGNATURE DEVILATED SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED | | | | | | |
| | EXAMINER'S | DEPUTY MEDICAL EXAMINER XX January | | | | | |
| | NAME (Type) BENEDICT SKITAREL IC, M.D. | Address (Street, city, town, or county) Cumber] | | | | | |
| 238 | BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) | | inty) (State) | | | | |
| DIDITAL JAN. 23.1966 HILLCREST BURTAL PARK CUMBERLAND, MD. | | | | | | | |
| 24. FUNERAL DIRECTOR BYRON KIGHT ADDRESS OUMBERLAND, MD. 258. REG'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS OUMBERLAND, MD. JAN 2 4 1966 OCCUPANT OF THE PROPERTY OF THE PROPER | | | | | | | |
| | DIRON KIGHI CUMBERLAND, | DAYE 1966 Juliante | Juda . | | | | |

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The standard of the standard of

W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, If institution: Residence before admission) is nec.
director. Parvour files. e. COUNTY Allegany Maryland Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Nikep d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE YES NOW Middle 3. NAME OF 4. DATE Month DECEASED OF the (Type or print) ANGUS DONALDSON DEATH 28/1966 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH I IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years last birthday) Aug, 18th. Male WIDOWED DIVORCED 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Paper Mill, Luke, MD. USA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pag Caterine Brown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give war or detes of service) Yes World War Robert Donaldson Nikep 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] SON ONSET AND DEATH Ruptured Aorta Sudden IMMEDIATE CAUSE (e r's Office as a burial-ti DUE TO (Struck by Automobile) geve rise to immediate ceuse DUE TO (e), steting the underlying used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PERFORMED? YES TO NO plnods 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. the C. S. Page 3 ... to burial, an struck by automobile 20e. PLACE OF INJURY (Homa, farm, 20f. (City or lown) 20c. TIME OF INJURY (County) (State) fectory, street, offica bldg., etc.) please execute the certificate, v 4 should be forwarded to the DECTOR: P or its designated agent, prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X Accident x Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER designated DATE SIGNED ASSISTANT MEDICAL EXAMINER Jan, 28th. 1966 DEPUTY MEDICAL EXAMINER Benedact Tumb endeserred city Man or county) Skitarelic 22e. BURIAL, CREMATION, 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 p 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME George Eichhorn Lonaconing, MD. DATE

MARYLAND STATE DEPARTMENT OF HEALTH

3

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

| | MARYLAND STATE DEPARTMENT OF HEALTH | |
|------------------|---|--------------------|
| DIVISION OF S | TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAI | TIMORE 1, MARYLANI |
| 00020 | Thems #CERTIFICATE OF DEATH | 0002 |
| DI 105 05 DE1511 | | |

| UUUZU Ttems #CERTIFICAT | E OF DEATH 00020 |
|---|--|
| 1. PLACE OF DEATH a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE |
| ALLEGANY MARYLAND | MARYLAND ALLEGANY |
| b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| CUMBERLAND 33 DAYS | CUMBERLAND 01-1 |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | d. STREET ADDRESS e. IS RESIDENCE ON A FARM? |
| MEMORIAL HOSPITAL | 9. N. WAVERLY TERRACE YES NOW |
| 3. NAME OF First Middle DECEASED | Last 4. DATE Month Day Year OF |
| (Type or print) CLARA D. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 | ELLIOTT DEATH JANUARY 28, 1966 8. DATE OF BIRTH 2000 19. ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. |
| 7. WARRIED TO MEVER MARRIED | LOOZ last birthday) Months Days Hours Min |
| FEMALE WHITE WIDOWED DIVORCED 10a. USUAL OCCUPATION (GIVE KIND OF BUSINESS OR | 8-30-1886/ 83 77/ yrs. Indicate Bays B |
| during most of working life, even if retired) HOUSEW LIE WINDUSTRY OWN HOME | COUNTRY? |
| 13. FATHER'S NAME | XENIA, ILLINOIS I U. S. A. |
| EDWARD GRIFFIN | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. | MARIN JANE RANKIN INFORMANT Address |
| (Yes, no, or unkown) (If yes give war or dates of service) NONE | MEMORIAL HOSPITAL. CUMB. MD. |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: | a & fundamental Red S ONSET AND DEATH |
| 443 X IMMEDIATE CAUSE (a) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Beer Beer |
| Conditions, If any, which | Ridles Woode's |
| gave rise to Immediate cause (a), stating the DUE TO | |
| underlying cause last. (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIPE HOW INJURY OCCIONATION OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | ATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? |
| & Chrouse Choley Ceptitis | - Many year duration YES NO 1 |
| 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH | URRED. (Enter nature of Injury in Part I or Part II of Item 18.) |
| | V V |
| 19 trum and factor | ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.) |
| P.m. 19 While at work at work | |
| 21. I certify that (I) (this hospital) attended the deceased from | 2-26-1965 to 1-28-, 1966, that (1) (we) iast |
| | at death occurred at 8:40 from the causes and on the date stated above. |
| 22a. SICNATURE | ATTENDING MED. STAFF |
| 22c. PHYSICIAN'S | D. PHYS. DIRECTOR PHYS. 122d, ADDRESS |
| NAME (Type) DR. W. F. WILLIAMS | 122 S. CENTRE ST. |
| 23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETER | |
| BURIAL JAN. 31, 1966 SUNSET MEMOR | IAL PARK CUMBERLAND, MD. |
| 24. FUNERAL DIRECTOR ADDRESS | 25a. REC'D BY RECISTRAR 25b. REGISTRAR'S SIGNATURE |
| BYRON KIGHT CUMBERLAND, MD. | FATTEB 2 1966 Jellanles Judge |

VR AI5 (4) 20M 1/65

E YSHAT 3 J JA

TOTAL CONTRACTOR

ASAJO

MEMORIAL HOSELTAL

CUMBERLAND 23 DAYS

6-38-1889 5 77

XEMIA, ILLINOI U.S. A.

THA JYRAH

2. M. WAVERLY TERRACE

ELEIDTT messen January 28, 1956

HARRIST AND REMORDAL HOSPICAL, COURS. SET. S. T.

eseco

ALL EGANGY-

OR. W. F. WILLIAMS . . 122 S. CERTOE ST.

en and completely filled in by the funeral se carbon papers. Pages 1 and 2 should went, within 72 hours after death. hin 24 hours after TO HOSPITAL TITENDING PHYSICIAN: The law requires that the death certificate be executed death. Page 4 be retained by the hospital or attending physician.

S > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicen and completely director, page 3 should be detached for use as the burial-transit permit. Then please the carbon papers.

S be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 ho

| DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND | |
|--|--------------|
| 00021 CERTIFICATE OF DEATH | |
| 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmi a. COUNTY b. COUNTY | ission) |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | |
| Cumberland Appx. 70 yrs Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESID | ENCE |
| 604 montoomery Ave. 604 Mentgomery Ave. YES NO | |
| 3. NAME OF DECEASED (Type or print) Margaret Elizabeth Enlow Death Jan. 10 1960 | 6 |
| 5. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR Hours And Hours | HRS. Win. |
| 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COU | NTRY? |
| Housewife Selbysport, Waryland U.S.A. 13. FATHER'S MAIDEN NAME | |
| Lloyd Lowdomilk Savah Lowdernik 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address | |
| (Yes, no, or unkown) (Ifyesgive werordeles of service) Wrs. Erma Moere Comberland, Md. | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) INTERVAL BETWE ONSET AND DEA Z LCC | TH |
| Conditions, if any, which & Myocardites & Leampenselin 140 | |
| geve rise to immediate cause (a), stating the underlying cause lest. (c) Column 1 Column 2 Column 2 Column 3 C | |
| THE PROPERTY OF THE PROPERTY O | EQ? |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PERFORM YES NO NO CONTRIBUTING CAUSE OF DEATH III of item 18.) OR CONTRIBUTING CAUSE OF DEATH III of item 18.) | |
| 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED to the work at work | ite) |
| 21. I certify that (I) (this hopoital) attended the deceased from James, 1964, to James, 1964, to James, that (I) (we saw the deceased alive on 1966, and that death occurred at M., from the causes and on the date stated a | |
| | ATE |
| 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS | |
| 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) BUCIAL Comperiand Wo | 4 |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REGISTRAR'S SIGNATURE | |
| Louis Stem, Inc Cumberland, Mid: DollAN 14 1956 frances junge | |

LINE STAD BEING 2 24 1 production of the second of the second of and promise of the first sufficiency and the sales met same dure elle tames elle in it is a second of the second of the second Hersewall of the seal of the seasons of the seasons Aller your of the 2 the 2 May be made to see a land of the of The principal of all the many and a first the same of the same of the the second of the second second adialist the state of the state of the state of Parting Course Toursenson Taring Taring of the deep of the Combinations of the I will be the formation of the party of the

FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay it please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO FUNERAL DIRECTOR: Page of Health or its designated

AI 5ME (5)

1/65

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ODUZZ MEDICAL FYAMINED'S CEDITIONER OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF

| 1. PLACE 0 | F DEATH | | | 2. USUAL RESIDE | NCE (Where decer | sed lived, If institu | tion: Residence | before admission) | | |
|---------------------|--------------------------------------|-----------------------------|--|---|------------------|-------------------------------------|------------------------|-------------------------------|--|--|
| - | ALLEGAN | Y | MARYLAND | MARYLAND Allegany | | | | | | |
| b. CITY | OR TOWN (if outside RURAL and give r | de corporate limits | s, c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (| If outside corpo | orate limits, write | RURAL and gl | ve nearest town) | | |
| | UMBERLAND | learest town) | | WES. | FERNPORT | | 01 | -1 | | |
| d. NAMI | E OF HOSPITAL OR | INSTITUTION (if no | ot in hospital, give street address) | d. STREET ADDRES | S | | | e. IS RESIDENCE DN A FARM? | | |
| SA | CRED HEAR | T HOSPITA | L | 27 MAIN S | CREET | | | YES NO | | |
| 3. NAME O | | First | Middle | Last | 4. DATE | Month | Day | | | |
| (Type or | r print) | DEWEY | | BAKER | DEATH | JANUARY | | 1966 | | |
| 5MAEX E | 6. COLOR | OR RACE 7. MAR | RRIED NEVER MARRIED | a. DATE OF BIRTH | 9. | AGE (In years IF) last birthday) Mo | UNDER 1 YEAR | Hours Min. | | |
| XXXXX | EX WHI | TE WIDE | OWED DIVORCED | EXXXX 319 | -98 6 | 7 yrs. | muis Days | Hours Will. | | |
| 10a. USUAL C | CCUPATION (GIVe k | ind of work done | 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE | (State or foreig | n country) | 12. CITIZEN COUNTRY | OF WHAT | | |
| during most Mine | of working life, ev | en it retired) | Coal Mine | MAR | YLAND | | U.S. | | | |
| 13. FATHER | | | | 14. MOTHER'S MA | | | 0 0 0 0 0 | | | |
| Jam | es Fazenb | eker | | Elizab | eth Kern | a.s | | | | |
| 15. WAS DE | CEASED EVER IN U.S | ARMED FORCES? | | INFORMANT | | Address | | | | |
| (Yes, no, or u | mkown) (If yes give | war or dates of service) | 220-03-7872 | PT'S C | HART | | | | | |
| 18. CA | USE DF DEATH [En | iter only one cause | per line for (a), (b), and (c).] | | | | | ERVAL BETWEEN | | |
| PA | RT I. DEATH WAS | CAUSED BY: ATE CAUSE (a) | Uremia | | | | | eks | | |
| 1 | 592 X | DUE TD | - | | | | | | | |
| Conditio | ons, If any, which | h 1 | Cronic Gl | omeruloneph | ritis | | У | ears | | |
| gave r | ise to immediate | e (D) | Of Ollifo Gr. | OMOZ WZOSIO pos | | | | | | |
| | (a), stating the | 0 | | | | | - | | | |
| | | (c) NT CONDITIONS CON | NTRIBUTING TO DEATH BUT NOT REL | ATED TO THE TERMINA | L DISEASE COND | ITION GIVEN IN PAI | RT1(a) 19. | | | |
| Ĭ. | | tertanden | | | | | | PERFORMED? | | |
| 200 5 | XTERNAL CAUSE W | 241 | 20b. DESCRIBE HOW INJURY OCCU | IDDED (Enter nature | of inlury in Par | t I or Part II of I | | | | |
| PRIMAR | OF DEATH. | TING [| DESCRIBE HOW MOON OOO | DIMED. (Enter nature | , | | | | | |
| ~ | | | | A F OF INITIAL MARKET | f 1 00f 10 | City or town) | (County) | (State) | | |
| 20c. T | IME OF INJURY M lour a.m. | | fact | ACE OF INJURY (Home, ory, street, office bldg. | | ity or town) | (County) | (State) | | |
| MED " | p.m. | | While Not While at work | | | | | | | |
| | I certify that I to | ook charge of th | e remains described above, he | ld an Autopsy X | Inspection | X, Inquiry | X, and | d in my opinion | | |
| - | h resulted from: | Natural cause | | icide . Homi | | Undetermined m | anner 🗍 | | | |
| | 0 | | | CHIEF MEDIC | CAL EXAMINER | | | | | |
| ACTUAL | | ediat. | Xb, Takal. | M.D. ASSISTANT N | MEDICAL EXAMI | VER | | 2. DATE SIGNED | | |
| SIGNAT | UKERLERA | etter ; | Sie de la constant de | DEPUTY MED | ICAL EXAMINER | LJanuar | y31, 19 | 966 | | |
| EXAMII NAME | NER'S | EDICT SKI | PARELIC. M.D. | Address (Str | eet, city, town, | or county) Cum | berland | , Md. | | |
| | | 3b. DATE THEREO | | | | ATION (City, town | | (State) | | |
| | VAL (Specify) | 2/3/66 | Philos | | West | ernnant | 382 | | | |
| | RAL DIRECTOR / | 1 | ADDRESS | 25a | BEC'D BY REGIS | rnport. | ISTRAR'S SIGN | NATURE | | |
| 60 | 12 . (| / , | Mesternport, Md. | DATE | B 4 18 | | | udge | | |
| / " | · if men de X | | - / | DATE | - 1 | | - V A | - 1 | | |

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63 V . 3 Lance 25 1 DI 19 TRACE SERVICE 1000 2000 Crante Hommologuette T January I. 1555

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the conference of the

| (80 | DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO | ACACOO |
|---|--|--------------------------------------|
| # E0# | 00023 CERTIFICATE OF DEATH | 110043 |
| funeral funeral 1 and 2 r death. | 1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If ins a. STATE b. COUNTY | ITY |
| ter ter | ALLEGANY MARYLAND MARYLAND | ALLEGANY |
| by the Pages 1 rs after | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | ite RURAL and give nearest town) |
| hours id in by irs. Pa | CUMBERLAND 1 DAY WESTERNPORT | 01-1 |
| ho ed j ers. 2 h | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS | e. IS RESIDENCE ON A FARM? |
| xecuted within 24 hours after and completely filled in by the femove carbon papers. Pages 1 any event, within 72 hours after | MEMORIAL HOSPITAL | YES NO |
| executed within and completely remove carbon in any event, with | 3. NAME OF First Middle Last 4. DATE Month | h Day Year |
| wil wil | (Type or print) FRNEST S. FAZENBAKER DEATH JANU | |
| ted com | | Months Days Hours Min. |
| and co | MALE WHITE WIDOWED DIVORCED 11-14-1888 77 yrs. | |
| S STATE S | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) 11. BIRTHPLACE (County & State, or foreign country INDUSTRY | 1) 12. CITIZEN OF WHAT COUNTRY? |
| lician lease and in | GARRETT COUNTY | U. S. A. |
| + OL- | 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME | |
| tific ng p hen nov | OLIVER FAZENBAKER FLORENCE WARNICK | |
| rei Tei | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addres | |
| death certificate be ne attending privilicia permit. Then please tion, or removal, and | (Yes, no, or unkown) (If yes give war or dates of service) MEMORIAL HOSPITAL, CU | JMBERLAND .MD. |
| res that the death certifica physician. signed by the attending pourial-transit permit. Then burial, cremation, or remova | 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).1 | L INTERVAL BETWEEN |
| that the ician. ned by the li-transit il, cremai | PART I, DEATH WAS CAUSED BY: (Dag From) English | ONSET AND DEATH |
| hat ciar ed -tra -tra | IMMEDIATE CAUSE (a) | |
| ires that the physician. I signed by th burial-transit burial, cremat | Conditions, If any, which \ (b) Mesal Hurombres | Ucleide- |
| requires ding phy been sig the buri | gave rise to Immediate | 1 Mulus |
| aw requirements been as the prior to | cause (a), stating the but to leverloseled to the west of the west of the contract of the cont | hoero |
| | | PART 1(a) 19. WAS AUTOPSY PERFORMED? |
| l: The lal or at ficate lor use Health | 15 Viewwood bubolics - (day prox -H | cleve YES NO |
| Z = | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART II. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART II. OTHER SIGNIF | of Item 18.) |
| ospi cer hed t. o | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| PHYSICIAN: the hospita this certifi detached fo e Dept. of h | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) | (County) (State) |
| | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. p.m. 19 at work at work | |
| DING od by After d be e Stat | 21 Locatify that (1) (this bosnital) attended the deceased from the 5 100 to The | 6 1966 that (1) (We) last |
| ATTENDIN retained the CTOR: After the Stould be with the Stould be with the Stould be with the Stould be s | saw the deceased alive on 196, and that death occurred at 3:50M, Momente causes | and on the date stated above. |
| reta FCTO 3 showith | 22a. SIGNATURE | 22b. DATE SIGNED |
| AL OR nay be L DIRE page 3 filed v | M.D. ATTENDING MED. STAFF DIRECTOR PHYS. | 19166 |
| may sal c | 22c. PHYSICIAN'S NAME (Type) NAME (Type) NAME (Type) | |
| SPI 4 A | DR. S. G. WEISMAN 59 GREENE ST. | |
| TO HOSPITAL OR ATTENDING I Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State | 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, t | |
| 2 2 2 % | Burial 1/9/00 Initios westernpor | |
| Ω | 24. FUNERAL DIRECTOR Westernport, Md. 25a. REC'D BY REGISTRAR 25b. R | LEGISTRAR'S SIGNATURE |
| VR AIS (4) | DATE N 17 1966 | remely Judge |
| 20M 1/65 | | (/ |

MARYLAND STATE DEPARTMENT OF HEALTH

TO THE THOUSANDER

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please renove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

| | DIVISION OF STATISTICAL RES | RYLAND STATE DEF EARCH AND RECORDS CERTIFICATI | , 301 W. PRESTOR | HEALTH N STREET, BALTIMOR | E 1, MARYLAND | | |
|---------------|--|---|---|---|---------------------------------|--|--|
| 1. | PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) | | | | |
| | Allegany | MARYLAND | a. STMEaryl | and b. county | llegany | | |
| | CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If | outside corporate limits, write | RURAL and give nearest town) | | |
| | Cumberland | | Lonacon | ing | 01-1 | | |
| | d. NAME OF HOSPITAL OR INSTITUTION (if not in | hospital, give street address) | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? | | |
| | Sacred Heart Hospi | tal | Beechwo | od Street | YES NOTE | | |
| 3. | NAME OF FIRST | Middle | Last | 4. DATE Month | Day Year | | |
| | (Type-or print) PRISCILLA | F | RYE | DEATH 1/6/19 | 966 19 | | |
| 5. | SEX 6. COLOR OR RACE 7. MARRIE | D NEVER MARRIED 8 | B. DATE OF BIRTH | 19. AGE (In years LIF | LINDER 1 YEAR HE LINDER 24 HRS. | | |
| | Female White WIDOWE | DIVORCED | July 24th. | 1892 73s. | onths Days Hours Min. | | |
| 10a | a. USUAL OCCUPATION (Give Xind of work done lob. | KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Con | unty & State, or foreign country) | 12. CITIZEN OF WHAT COUNTRY? | | |
| | Housewife | MDOSTRI | Midla | and. MD. | USA | | |
| 13. | . FATHER'S NAME | | 14. MOTHER'S MAIDI | EN NAME | VOII | | |
| | Louis Knippenher | 7 | Suganna | Retalick | | | |
| 15 | Louis Knippenbers 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 18 es, no, or unknown) (If yes give war or dates of service) | SOCIAL SECURITY NO. 17. | INFORMANT | Address | | | |
| (| No . | None H | arvey Fry | Tonocond | ng. MD. | | |
| | 18. CAUSE OF DEATH [Enter only one cause per | | ar vey rry | Lonaconi (SON) | INTERVAL BETWEEN | | |
| | PART I. DEATH WAS CAUSED BY: | erebro-vascul | an annida | | ONSET AND DEATH | | |
| | 4221 | erepro- vascar | ar accide | (14 | uay | | |
| | Conditions, If any, which | eriosclerotic | ondio m | conlor diaco | 5 years | | |
| | gave rise to Immediate | erroscrero orc | Garojo-V | ascular orsea | ise / yours | | |
| | underlying course lost | | | | | | |
| NO | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL | BUTING TO DEATH BUT NOT RELA | TED TO THE TERMINAL D | ISEASE CONDITION GIVEN IN PA | RT 1(a) 119. WAS AUTOPSY | | |
| CERTIFICATION | Fracture, left femur | | | | PERFORMED? YES NO | | |
| TFI | | Diabetes m DESCRIBE HOW INJURY OCCUR | | Injury in Part I or Part II of I | Latin Latin | | |
| CER. | OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | ,, | 2017 | | |
| | | INJURY OCCURRED 20e. PLAC | CE OF INJURY (Home, far | m. 20f. (City or town) | (County) (State) | | |
| MEDICAL | Hour a.m. While | e Not While factor | y, street, office bldg., et | | (4111) | | |
| Σ | p.m. 19 at wo | | 017 | 6)1. 7 6 | | | |
| | 21. I certify that (!) (this hospital) atten | | | 64, to $1 - 6$ | 19_6_Othat (!) (we) last | | |
| | saw the deceased alive on 1 - 6 | 19_bb, and that | death occurred at_s | | d on the date stated above. | | |
| | Loga to San | | ATTENDING NO D | IED. STAFF | // | | |
| | 22c. PHYSICIAN'S | M.D. | PHYS. L. D | IRECTOR PHYS. | 1-7-66 | | |
| | NAME (Type) Ralph W. Bal | lin 188 60 0 | | A. 1 7 7 | 262 01 0 | | |
| 23a | | lin, IId. 62 G | reene St. | Cumberland, 1 23d. LOCATION (City, town | 14d 21502 or county) (State) | | |
| 200 | REMOVAL (Specify) | | | _ | | | |
| 24 | Burial 1/8/1966 FUNERAL DIRECTOR | Memorial P | ark | Prostburg | TRAR'S SIGNATURE | | |
| -7 | | | 6 4 44 | 10 1000 1001 | vles Judge | | |
| | GEORGE EICHHORN | Lonaconing, | MD. I DAYAN | 10 1956 1000 | Land Small | | |

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5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health ar its designated agent, priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, "the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm

CAL EXAMINER: This certificate shauld be executed within 24 haurs after death.

TO DEPUTY ME

VR A15ME (5) 6M 1/66

FOR STATE

P.M.3. Page delay is

2, and 3 ta

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

| | 00025 | MEDICAL EXAMINER'S | CERTIFICATE O | F DEATH | 00025 |
|-----------------------|---|--------------------------------------|----------------------------------|--|-----------------------------|
| 1. | PLACE OF DEATH | | | Where deceosed lived, if institution: Resi | dence before odmission) |
| A | o. COUNTY llegany | MARYLAND | o. STATE Mary Land | b. COUNTY Allegs | 10.50 |
| | b. CITY OR TOWN (If outside corporate limits, | c. LENGTH OF STAY IN 1b | | itside corparate limits, write RURAL and | give negrest tawn) |
| | write RURAL and give nearest town) Cumberland | | | | 71-1 |
| | d. NAME OF HOSPITAL OR INSTITUTION (If not in I | hospital give street address) | d. STREET ADDRESS | 1(01 | e. IS RESIDENCE |
| | | iospiioi, give siteel dudiess) | | | I ON A FARM? |
| 2 | Memmorial Hosiptal | | Cumberlar Cumberlar | | YES NO V |
| | NAME OF First DECEASED | Middle | Last | 4. DATE Month | Doy Year |
| | | eary | | DEATH January | 30 19 66 |
| S. | SEX 6. COLOR OR RACE 7. A | | B. DATE OF BIRTH | 9. AGE (In years IF UND lost birthdoy) Month | S Days Hours Min. |
| | Lemare Autre | IDOWED DIVORCED | April 3, 187 | 72 93 Yrs. | |
| 100 | . USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Stote | or foreign country) 12. | CITIZEN OF WHAT COUNTRY? |
| | ousewife | INDUSTRI | Keyser W. V | 78- | U.S.A. |
| 13. | FATHER'S NAME | | 14. MOTHER'S MAIDEN | NAME | 040474 |
| ā | ndrew Robey | | Anna F Da | + | |
| 15. | WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. II | NFORMAN E. PE | Address | |
| (16 | es, no, or unknown) (If yes give wor or dotes of serv | (ce) | 16 W A.I. | 0 17 3 0 1 3 | |
| | 18. CAUSE OF DEATH (Enter only one couse pe | er line for (o), (b), and (c),) | Mrs. Aatle | G. Uhl. Cumberle | INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) | MYOCARDIAL FA | TLURE | | ONSET AND DEATH |
| | 4221 DUE TO | | | | THE LOS |
| | Conditions, if ony, which gove) (b) | CHRONIC MYOCA | סדיייד רום | | |
| | rise to immediate couse (o), (| OHIONIO WIOGA | W/1112 | | - |
| | stoting the underlying couse (c) | + DEED TAGGET TO A | DTA 61777 | | |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRI | ARTERIOSCLERO | | The second secon | 19. WAS AUTOPSY |
| NO | * | | | NOTION GIVEN IN PART I(0) | PERFORMED? |
| CAT | contusion of r | ight shoulder with | thrombosis | | YES NO 🔼 |
| RTIF | PRIMARY ☐ or CONTRIBUTING | 20b. DESCRIBE HOW INJURY OCCURRED. (| Enter noture of injury in I | Part I or Part II at item 1B.) | |
| MEDICAL CERTIFICATION | CAUSE OF DEATH. | Fell at home | | | |
| EDIC | 20c. TIME OF INJURY Month, Doy, Year Hour a.m. | | E OF INJURY (Home, form | | (County) (Stote) |
| W | 10:00 _m Jan.5 1966 | While at work of work I 20e. PLAC | ory, street, affice bldg., etc.) | Cumberland, Alle | g. Maryland |
| | 21. I certify that I taak charge of | the remains described abave, hel | ld an Autopsy 🔲 , | Inspection X, Inquiry 🔯 | and in my apinion |
| | death resulted fram: Natural ca | uses Accident X, Suici | ide , Hamicide | Undetermined manner | |
| | | | CHIEF MEDICAL | EXAMINER | |
| | ACTUAL SIGNATURE Denduc | t Skitarelie | M.D. ASSISTANT MED | ICAL EXAMINER Jan. 30 | 22. DATE SIGNED |
| | EXAMINER'S | | DEPUTY MEDICA | | |
| | NAME (Type) BENEDICT SKI | TARELIC M.D | Address (Street | , city, town, or county) Cumber | Land, Md. |
| 230 | BURIAL CREMATION. 23b. DATE THEREOF | 23c. NAME OF CEMETERY OR C | CREMATORY | 23d. LOCATION (City or Town) | (County) (Stote) |
| B | uerdal Feb. 5 | 1966 Mt. Savage M | oth Comt | Mt Correct M | 1 3 |
| 24 | . FUNERAL DIRECTOR | ADDRESS | LJUA INC. D | BY RECIBIRAR A S. REGISTRAR | |
| I | ouis Stein Inc. Cumbe | rland Maryland, | DATEEB | 4 1966 Jelian | les Judge |

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certificate remova the attending pit permit. Then nation, or remove cremation, been signed by t the burial-transit or to burial, crama physician. attending has as for bee Health hse certifiched for the for the PHYSICIAN: r this detach After retained 0 DIRECTOR: age 3 should iled with the pe page TO FUNERAL director, p

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within

VR A15 (4) 20M 1/65

| 88000 | | 35.30 |
|--------------|----------------------------------|--|
| YHASELIA. | | ALLEGANY COUNTY |
| | QRAUMARIUS | DWALF SERVED |
| | 220 UNION ST. | MENORIAL HOSPITAL |
| | MAL SECOND NO. | J. Paysi |
| | 88 4581-1-2-2 | TEMALE WHITE |
| 1 1 1 | | |
| | STORY BENDE | DAVI DERI BELENAN |
| | | |
| | ME CERT | |
| .dr .dra.sis | ST GREENE ST. DUN | DR. S. G. WEISHOU |
| | the section of the substitute of | |
| | | Line recognition that the Village of |

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

| | MARILAND STATE DEPARTMENT OF REALTH | |
|---------------------------|---|------------|
| DIVISION OF STATISTIC | AL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE | 1, MARYLAN |
| AND TO THE REAL PROPERTY. | CERTIFICATE OF DEATH | 0002 |

| | 0000 |
|--|---|
| 1. PLACE OF DEATH a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) |
| ALLEGANY | a. STATEMARYLAND b.COUNTY ALLEGANY |
| b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| CUMBERLAND I DAY | CUMBERLAND. 0/-/ |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | d. STREET AOORESS e. IS RESIDENCE |
| MEMORIAL HOSPITAL | 209 FIFTH ST. |
| 3. NAME OF First Middle (Type or print) ATHOL N. GI | A DATE Month Oay Year OF DEATH JAN. 24 1966 |
| 5. SEX MALE 6. COLOR OR RACE 7. MARRIEO X NEVER MARRIEO OIVORCEO OIVORCEO | 8. OATE OF BIRTH OCT. 21, 1895 9. AGE (In years IFUNOER 1 YEAR IFUNOER 24 HRS. Months Oays Hours Min. |
| 10a. USUAL OCCUPATION (Cive kind of workdone during most of working life, even if retired) Retired Engineer Railroad | 11. BIRT HPLACE (County & State, or foreign country) CUMBERLAND, Md. 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME AMBROSE H. BIBSON | 14. MOTHER'S MAIDEN NAME LILLIE GENTRY |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) yes War I 705-07-2881 | INFORMANT Address MEMORIAL HOSPITAL |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | INTERVAL BETWEEN ONSET AND OFATH |
| PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) Corgestive A | level failure |
| 4201 OUE TO 0 | |
| Conditions, If any, which (b) Coronary + M | yocakul Insufficiency |
| gave rise to Immediate cause (a), stating the OUE TO | |
| underlying cause last. (c) | , |
| PART II. OTHER SICNIFICANT CONOITIQUES CONTRIBUTING TO GEATH BUT NOT RELIGIOUS TO SEATH BUT NOT RELIGIOUS CONTRIBUTING TO CAUSE OF GEATH OR CONTRIBUTING TO GEATH BUT NOT RELIGIOUS CONTRIBUTING TO GEATH GOVERNOUS CONTRIBUTING TO GENERAL CONTRIBUTING TO GENERAL CONTRIBUTING TO GENERAL CONTRIBUTION CONTRIBUTING TO GENERAL CONTRIBUTION | ATEO TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? YES NO |
| 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | URREO. (Enter nature of injury in Part I or Part II of item 18.) |
| | ACE OF INJURY (Home, farm, ory, street, officebldg., etc.) |
| 21. I certify that (I) (this hospital)/attended the deceased from | 1/22/66 11910, 10 M. /14, 1966, that (I) (we) last |
| saw the deceased alive on 124 19 06, and tha | death occurred at M, from the causes and on the date stated above. |
| Seo She M. M. | ATTENDING MEO. STAFF |
| 22c. PHYSICIAN'S NAME (Type) DR. LEO H. LEY | 22d. AOORESS 456 N. CENTRE ST. CUMB. MD. |
| 23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETER | Y OR CREMATORY 23d. LOCATION (City, town or county) (State) |
| BENOVAL (Specify) Jan. 27, 1966 Sunset Memo | rial Park Cumberland, Md. |
| 24. FUNERAL DIRECTOR AOORESS | 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SICNATURE |
| James F. Scarpelli, Cumberland, Md. | GER 1 1966 Peliarles Judge |

VR A15 (4) 20M 1/65

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SUMBERLAND FORENCES.
MEMORIAL HOSPITAL 200 FIFTH ST.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY ges 1 ALLEGANY ALLEGANY MARYLAND etely filled in by the bon papers. Pages 1, within 72 hours after CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b CUMBERI AND HRS_20 CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? MEMORIAL HOSPITAL FIFTH STREET NO A completely ve carbon NAME OF First DATE Month Year Middle Last DECEASED event. GORDON JOHN DEATH (Type or print) JANUARY 19 66 and con 6. COLOR OR RACE | 7. MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH NEVER MARRIED last birthday) Months i Davs 10-31-1890 MALE E WIDOWED DIVORCED physician a 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT andin 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY MADISON. VIRGINIA removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending permit. Then WALTER W. GORDON SALLY S. PAYNE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the attendit or (Yes, no, or unkown) (If yes give war or dates of service) HOSPITAL-CUMBERLAND. MEMORIAL cremation. War ves INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a been signed the burial-transport to burial, cra DIJE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. CERTIFICATION WAS AUTOPSY PART II, OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) r this certificate h detached for use te Dept, of Health for use Health PERFORMED? Concrid NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part / or Part II of Item 18. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de Hour a.m. Not While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE page ATTENDING DIRECTOR PHYSICIAN'S ADDRESS S director, p ST. . CUMBERLAND NAME (Type) DR BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Jan. 30, 1966 Cumberland Hillcrest Burial Burial Park 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** 25a. REC'D BY REGISTRAR

James F. Scarpelli, Cumberland, Md.

VR A15 (4) 20M 1/65

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D. C.F. MILINES

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TAROUNE, PART STORES

10-31-18-01

SALLY S. PAYNE

TEMORIAL HOSPITAL CUMBERSON PARTIONER

LET THE A STREET TO SEE THE

12/25 S. CENTRE ST., CHREENLAND, NC.

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cen and completely filled in by the funeral ove carbon papers. Pages 1 and 2 should event, within 72 hours after death.

executed within 24 hours after

| 0002 | 9 | | CERTIFICAT | E OF DEATH | 1 | | 00 | 029 |
|---|---|---------------|---------------------------|------------------------------------|------------------|------------------------|-----------------|----------------------------------|
| a. COUNTY | Alle | gany | MARYLAND | a. STATE | NCE (Where | | | |
| | N (if outsida corporata limi | | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN | l (If outside c | orporate limits, write | RURAL and give | nearest town) |
| | and give nearest town) umberland | | 38 years | Lı | ıke | 0 | 1-1 | |
| | SPITAL OR INSTITUTION | if not in ho | | d. STREET ADDRES | S | 0, | | . IS RESIDENCE |
| | Sylvan Ret | reat | | | | | | YES NOT |
| NAME OF DECEASED | First | | Middle | Last | 4. DATI | E Month | Da [*] | |
| (Typa or print) | Berna | rd | Francis | Gormley | OF DEA: | rn Jan | . 25 | 1966 |
| . SEX | 6. COLOR OR RACE | 7. MARRI | ED NEVER MARRIED | 8. DATE OF BIRTH | N. A. | 9. AGE (In years | | IF UNDER 24 HR |
| Male | White | WIDOW | | Aug. 31, 18 | 396 | last birthday) 69 yrs. | Months Deys | Hours Min. |
| De. USUAL OCCUP | ATION (Giva kind of work working lifa, evan if retire | 10ь. І | CIND OF BUSINESS OR INDUS | | | | | OF WHAT COUNTE |
| none | working ma, evan it tente | 4) | | Allegany | y, Marj | rland | U.S. | A • |
| 3. FATHER'S NAM | | ~ 3 | | 14. MOTHER'S MAIDE | N NAME | | | |
| | Thomas | Gormi | ey | Ma | ary Mul | llan | | |
| PART I. DI Conditions, if gave rise to imm (a), stating the cause last. PART II. OI | hadiata causa undarlying DUE TO (c) THER SIGNIFICANT CONDI | Directions co | | | MINAL DISEA | SE CONDITION GIV | | 19. WAS AUTOPS PERFORMED? YES NO |
| | NG CAUSE OF DEATH THY MEDICAL EXAMINER) NJURY Month, Day, Ye | as 120d | INJURY OCCURRED 200. P | LACE OF INJURY (Home, for | nrm : 206 (| City or town) | (County) | (State) |
| 20c. TIME OF I Hour a. | m. | While at wo | aNot Whila fa | actory, straat, offica bldg., a | | chy of lown, | (County) | (3/8/67 |
| 21. I certify | that (I) (this hospi | tal) atter | nded the deceased from | July 1 | , 19.6.1, | o Jan. | 25, 1966., | that (I) (we) I |
| saw the dec | eased alive onJa | n. 25 | 1966., and the | at death occurred at. | 5 Pa.M. fr | om the causes | and on the d | ate stated abov |
| 22a. SIGNATU | Chleen | Lew | 20 19 | M.D. ATTENDING PHYS. 22d. ADDRESS | MED. DIRECTOR | STAFF PHYS. | | 22b. DATE SIGN |
| NAME (T | | Mathe | ws, M.D. | | 49 Gre | ene St., | Cumberla | ind, Md. |
| 23a, BURIAL, CREM REMOVAL (Space BURIA | | | 23c. NAME OF CEMETER | OR CREMATORY TY CEMETERY | | BERLAND | | (State) |

DATE

ADDRESS

CUMBERLAND, MD.

25a. REC'B BY REGISTRAS 65b.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death ce death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 should be detached for use as the burial-transit permit. Then please the filed with the State Dept. of Health prior to burial, cremation, or removal, and in at

VR A15 (4) 2DM 5-63

24 FUNERAL DIRECTOR'S SIGNATURE

BYRON KIGHT

FOR STATE HEALTH DEPT.

00

O DEPUTY MET EXAMINER: This certificate should be executed within 24 hours after death. If any delay ecessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. and 2 with the State Department event within 72 hours after death. TO DEPUTY ME

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages of Health or its designated agent, prior to burial, cremation, or removal, and in any

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| 1 | บบบอ | U M | EDICAL | EXAMINER'S | CERTIFICAT | E OF DEAT | TH . | (111) | 030 |
|-----------------------|---|---|-----------------------------|--|--|------------------------------------|----------------------------------|-----------------|--------------------------------------|
| 1. | PLACE OF DEAT a. COUNTY | Allegany | | MARYLAND | a. STATE | ICE (Where deceased lin | red, If institution b. CDUNTY | n: Residence | |
| | b. CITY OR TOW Write RURAL Cumb | IN (if outside corpora and give nearest to erland | ite Ilmits, vn) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (I | foutside corporate i | | | |
| | | | | spital, give street address | d. STREET ADDRESS | | | | . IS RESIDENC DN A FARM? |
| - | | arwick Ave | | | | 422 Warwi | | | ES NO |
| 3. | NAME OF DECEASED (Type or print) | | lrst Harry | Middle Francis | Goss | 4. DATE OF DEATH | Month Jan. | 40 | Year 1966 |
| | sex Male | White | 7. MARRIED WIDOWED | NEVER MARRIED DIVORCED | 8. DATE OF BIRTH Oct. 16,] | 9. AGE (1) last b | irthday) Month | DER 1 YEAR | Hours Min |
| 5 | Contr | | done 10b. Kill | nd of Business or Dustry Lf Employed | Cumber | State or foreign cour Land, Md. | | COUNTRY USA | F WHAT |
| 13. | FATHER'S NAM | red Goss | | | 14. MOTHER'S MAI | R. Mc Dona | 1 d | | |
| 15 (Ye | . WAS DECEASED s, no, or unkown) Yes | EVER IN U.S. ARMED FO (If yes give war or dates) War II | ORCES? 16. S of service) | | rs. Mary Ha | | Address | and | МА |
| | 18. CAUSE OF | | | carcinoma, | GENERALIZ | | O dan B G I I | INTER | RVAL BETWEEN T AND DEATH Onths |
| × | Conditions, If | any, which \ | | CARCINOMA O | F STOMACH | | | Мо | nths |
| | gave rise to ceuse (e), s underlying caus | teting the DUE | (c) | | | -1 | | | |
| CATION | PART II. OTHER | SIGNIFICANT CONDITI | ONS CONTRIBUT | TING TO DEATH BUT NOT REI | LATED TO THE TERMINAL | DISEASE CONDITION | SIVEN IN PART 1 | | WAS AUTOPSY PERFORMED? |
| CERTIFI | 20a. EXTERNA PRIMARY Or CAUSE OF DEAT | L CAUSE WAS CONTRIBUTING [] 'H. | 20b. DI | ESCRIBE HOW INJURY OCC | CURRED. (Enter nuture o | of Injury in Part I or | Part II of Item | 18.) | |
| MEDICAL CERTIFICATION | 20c. TIME OF Hour e.r | | Year 20d. IN While at work | JURY OCCURRED 20e. PL Not While fact at work | ACE DF INJURY (Home, fory, street, office bldg., | farm, 20f. (City or etc.) | town) | (County) | (State) |
| - | 21. I certify | that I took charg | | ins described above, h | eld an Autopsy X. | Inspection X, | Inquiry X | , and | in my opinio |
| | death result | | causes XX. | | uicide . Homic | | ermined mann | | |
| | | 0 | , 00 | • | CHIEF MEDICA | | | | |
| | SIGNATURE | Denedu | +31 | tarelie) | M.D. ASSISTANT ME | EDICAL EXAMINER CAL EXAMINER | 1- | -5 -1 96 | DATE SIGNED |
| | EXAMINER'S NAME (Type) | Dr. Bened | lict Ski | itarelic, N. | D . Address (Stree | et, city, town, or cou | nty) Rt.9 | ,Cumb | erland |
| 23a | BURIAL, CREM | ATION, 23b. DATE | | 23c. NAME OF CEMETER Restlawn Me | | 23d. LOCATION | (City, town or Land, Md | - | (State) |
| 24 | FUNERAL DIRE | CTOR | | ADDRESS | 25a. RE | C'D BY REGISTRAR | 25b. REGISTR | RAR'S SIGNA | |
| 1 | James | F. Scarpe | elli, Cu | umberland, M | d. DATEA | V 1 1 1966 | gelien | rles Ja | edge |

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATÉ DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH

| 1 | 1. PLACE OF BEATH a. COUNTY Allegany | | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Manual and b. COUNTY | | | |
|---|---|--|---|--------------------------------------|-------------------------------|--|
| | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | | | |
| | Lonaconing d. NAME OF HOSPITAL OR INSTITUTION | ON (if not in hospital, give street address) | d. STREET ADDRESS | naconing 0/-/ | e. IS RESIDENCE | |
| 2 | Douglas Aven | | II. | iglas Avenue | ON A FARM? YES NOTE | |
| - | 3. NAME OF DECEASED | irst Middle | Last | 4. DATE Month | Day Year | |
| | (Type or print) Mary | C. | Green | DEATH January | 16 19 66 | |
| | 5. SEX 6. COLOR OR RACE | 7. MARRIED X NEVER MARRIED | 8. DATE OF BIRTH | 19. AGE (In years LIF UNDER | 1 YEAR IF UNDER 24 HRS. | |
| 1 | Female White | WIDOWED DIVORCED | May 12,190 | last birthday) Months 56 yrs. | Days Hours Min. | |
| | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR LIL. BIRTHPLACE (County & State, or foreign country) 11c. CITIZEN OF WHAT COUNTRY? | | | | | |
| 1 | House Work Own Home | | Westernpo | | U.S.A. | |
| | 13. FATHER'S NAME | 13. FATHER'S NAME | | ort, Maryland | | |
| | John A | mann | Annie | Keady | | |
| | 15. WAS DECEASED EVER IN U.S. ARMED FO (Yes, no, or unknwn) (If yes give war or dates o | ORCES? 16. SOCIAL SECURITY NO. 17. | INFORMANT | Address | | |
| | | | ohn Green | Lonaconin | g. Md. | |
| | | ne cause per line for (a), (b), and (c).] | "Husband" | | INTERVAL BETWEEN | |
| 1 | PART I. DEATH WAS CAUSED BY: ONSET AND DEATH MEDIATE CAUSE (a) OLIVE COLONO COLUMN | | | | | |
| | 4201 DUE TO 0 | | | | | |
| | Conditions, If any, which (b) (CV) & hyperleus (cm) | | | | | |
| - | gave rise to immediate cause (a), stating the DUE TO | | | | | |
| | underlying cause last. (c) | | | | | |
| | PART II. OTHER SIGNIFICANT CONDITION | ONS CONTRIBUTING TO DEATH BUT NOT RELA | ATED TO THE TERMINAL I | DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? | |
| | ICA | | | | YES NO | |
| | 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | | |
| | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While at work at work at work | | | | | |
| | Hour a.m. While Not While at work at work | | | | | |
| | 21. I certify that (I) (this hospital) attended the deceased from | | | | | |
| | saw the deceased alive on 19 19 19 19 19 19 19 19 19 19 19 19 19 | | | | | |
| | 222 SIGNATURE | | | | | |
| | M.D. ATTENDING X MED. STAFF DIRECTOR PHYS. 117.66 | | | | | |
| Ш | 22c. PHYSICIAN'S NAME (Type) D D 22d. ADDRESS | | | | | |
| | MAMIE (Type) L. R. | MILES 113 WI | J. Fe | macening V | nd | |
| | 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) | | | | | |
| | Burial 1/10 | 9/66 St. Peters | Cemeterv | Westernport, | Md. | |
| | 24. FUNERAL DIRECTOR | ADDRESS | 25a. RE | C'D BY REGISTRAR 25b. REGISTRAR | 'S SIGNATURE | |
| | George Eichhorn | Lonaconing, 1 | Md. DATAN | 19 1966 | Judge. | |

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death

funeral and 2 death by the furnishment by the furnis l completely mes. Pages, rovent, within 72 hours a .= an hysician please physic the attending phy it permit. Their p nation, or removal, been signed by the the burial-transit pe or to burial, crematio as th has use for use Health :TOR: After this certificate should be detached for use the State Dept, of Health DIRECTOR: age 3 should lled with the

hours within remove carbor executed certificate death attending physician. requires 0 PHYSICIAN: hospital ATTENDING retained age 4 h. FUNERAL Dh. De pe HOSPITAL TO FUNERAL director, p Page /

MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DR. BRINSFIELD CERTIFICATE OF DEATH PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE ALLEGANY C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RUPABand give nearest town) 24 CUMBERLAND DAYS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? MEMORIAL HOSPITAL YES NO X PRINCE GEORGE NAME DE Middle Last DATE Month DECEASED 19 66 JANUARY GRIFFIN DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS DATE OF BIRTH 6. COLOR OR RACE NEVER MARRIED birthday) last Months Days 12-5-1884 MALE WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) HOME HOME COUNTRY? during most of working life, even If retired) Port Jervis HOUSEWIFE U.S 13. FATHER'S NAME MOTHER'S MAIDEN NAME HENRY TEAL CATHERINE WAGNER 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) MEMORIAL HOSPITAL-CUMBERLAND. MD. INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: de IMMEDIATE CAUSE (a) DUE TO DCV Disease and Semily Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? CERTIFICATI NO X YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING T OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20f. (City or town) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work at work JAT 21. I certify that (I) (this hospital) attended the deceased from from the causes and on the date stated above. JAN 25 19 66 and that death occurred a saw the deceased alive on_ 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF auton DIRECTOR M.D. PHYS. PHYS.

22d.

23c. NAME OF CEMETERY OR CREMATORY

St. Mary's Cemetery

ADDRESS

ADDRESS

DECATUR ST..CUMBERLAND.MD.

(State)

23d. LOCATION (City, town or county)

Cumberland, Md.

25a. REC'D BY REGISTRAR | 25b. REGISTRARIS SIGNATURE

1966

VR A.15 (4) 20M 1/65

PHYSICIAN'S NAME (Type) DR . CARL TON

BURIAL, CREMATION, 23b. DATE THEREOF

Jan.28

.1966

Scarpelli, Cumberland, Md.

REMOVAL (Specify)

Burial

24. FUNERAL DIRECTOR

James F.

(14/1_19 3 els 11)

1437 Y483H

. Lie Chile C. Little Tall Party

SRIEFIN

(4881-2-5)

NO! DALHOE GRORGE STREET

. M. E. II WEN YORK WANTED

MEMORIAL ALCERTA - CITCLE AND INCHES

M. S. O. L. L.

OR. CARLTON BRINSFIELD -OI INCOTENT ST., CUMPERLAND, ND.

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\$1100 C. L.M.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY ALLEGANY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHMBERLAND d. STREET ADDRESS e. IS RESIDENCE ON A FARM? DECATUR ST. NO XX DATE Month Year 0F DEATH JAN. 19 66 AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS last birthday) | Months | Days Hours DIVORCED X APRIL 8,1915 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) COUNTRY? MARYLAND TISA MOTHER'S MAIDEN NAME JULIA BOGGS Address CUMBERLAND, MD. JULIA M. HAMILTON INTERVAL BETWEEN ONSET AND DEATH DAYS PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 10 NO [YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert II of Item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) ALLEGANY MARYLAND CUMBERLAND Inspection and in my opinion Undetermined manner Homicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 25,1966 BENEDICT SKITARELIC, M.D. Address TAMPAR ROLL TOPIN, on County) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) JAN.28,1966 CUMBERLAND. GREENMOUNT MD. 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. BYRON KIGHT CUMBERLAND, MD. DATE

VR ALSME (5) 1/65

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PERSON The state of the s The Character Strawber -Les Vis

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please semove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

DI

| | MARYLAND STATE DEPARTMENT OF HEALTH | |
|-----------------------|---|--------------|
| VISION OF STATISTICAL | RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR | E 1, MARYLAN |
| W IV | CEPTIFICATE OF DEATH | 000 |

| OER III IOA | E OI DEATH | | | | |
|--|---|--|--|--|--|
| 1. PLACE OF DEATH a. CDUNTY ALLEGANY MARYLAND | 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE MARY LAND b. COUNTY ALLEGANY | | | | |
| b. CITY DR TDWN (if outside corporate limits, CUMBERLAND give nearest town) 13 HRS | c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND | | | | |
| d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address, | d. STREET AODRESS e. IS RESIDENCE | | | | |
| SACRED HEART HOSPITAL | 582 MC MULLEN HWY YES NO X | | | | |
| 3. NAME OF First Middle GEORGE Robert HANSE | 1/4/00 | | | | |
| 5. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED DIVDRCED DIVDRCED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Iast birthday) Months Days Hours Min. Min. | | | | |
| 10a. USUAL DCCUPATIDN (Give kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT CDUNTRY? | | | | |
| Ret. Agent & Operator B. & O. Rwy. | Frostburg, Md. U.S.A. | | | | |
| John Hansel | Harriet Troutman | | | | |
| | | | | | |
| (Yes, no, or unkown) (If yes give war or dates of service) | PATIENTS CHART Mrs. Margaret E. Hansel 582 McMullen Hwy. Cumb. | | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| 443 X DUE TD DUE TD DUE TD | | | | | |
| Cenditions, If any, which gave rise to immediate (b) The light antimorphism of Grant Commediate | | | | | |
| cause (a), stating the underlying cause last. (c) / // // // // // // // // // // // // | | | | | |
| PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELEVANT OF THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELEVANT OF THE PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELEVANT OF THE PART III. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELEVANT OF THE PART III. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELEVANT OF THE PART III. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELEVANT OF THE PART III. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELEVANT OF THE PART III. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT NOT RELEVANT OF THE PART III. DTHER SIGNIFICANT OF THE PART | ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED? YES NO X | | | | |
| | CURRED. (Enter nature of injury in Part I or Part II of Item 18.) | | | | |
| 20c. TIME DF INJURY Month, Day, Year 2Dd. INJURY DCCURRED 2De. PL | ACE DF INJURY (Home, farm, tory, street, office bidg., etc.) | | | | |
| 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 3 | at death occurred atM, from the causes and on the date stated above. | | | | |
| 22a. SIGNATURE 22b. DATE SIGNED | | | | | |
| b, m. befordle M. | D. ATTENDING MED. STAFF PHYS. D 1/4/66 | | | | |
| NAME (Type) DR. B. SCHINDLER | 43 Greene St. Cumberland, Md. | | | | |
| 23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME DF CEMETER BURIAL (Specify) 1/6/66 Hillcrest B | | | | | |
| 24. FUNERAL DIRECTOR ADDRESS | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE | | | | |
| H. Wayne George Cumberland, Maryland | DATAN 7 1966 Chanley Vuca | | | | |
| | | | | | |

VR AI5 (4) 20M 1/65

04/43 + 5.61 1 10 234 ALLESTI UMSERLAND 13 HRS CUMBERLAND SACRED HEART HOSPITAL 532 to MULLER PLY GEORGE SEL 11.100 MALE WHITE X 5/27/73 PATIENTS CHART DR. 3. SCHILLER dentitation of the palment. BETWEEN THE CONTRACT OF THE SECOND SECTION OF THE SECOND SECTION OF THE SECOND SECOND SECTION OF THE SECOND SECOND

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours atter death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| 00035 | CERTIFICAT | E OF DEATH | | 00035 |
|--|--------------------------------------|----------------------------------|--------------------------------------|---|
| 1. PLACE OF DEATH a. COUNTY | | | | tion: Residence before admission) |
| ALLEGANY | MARYLAND | a. SMIEVA. | | PSHIRE |
| CITY OR TOWN (if outside corporate limits write RURAL and give nearest town) | | | tside corporate limits, write i | RURAL and give nearest town) |
| CUMBERLAND | 5 DAYS | ROMNEY | 25 -0 | 3 |
| d. NAME OF HOSPITAL OR INSTITUTION (IF NO MEMORIAL HOSPITAL | it in hospital, give street address) | d. STREET ADDRESS 259 HARSHA | TO MA | e. IS RESIDENCE ON A FARM? |
| | | 11 | | YES NO X |
| 3. NAME DF DECEASED (Type or print) MRS . ANN I E | M. HARDY | Last 4 | DF JAN | 15 19 66 |
| 2 22 4 4 70 60 | RRIED NEVER MARRIED OVER OIVORCED | 6/25/86 | | INDER 1 YEAR IF UNDER 24 HRS. nths Oays Hours Min. |
| | IDb. KIND OF BUSINESS OR | | y & State, or foreign country) | 12. CITIZEN OF WHAT |
| during most of working life, even if retired) Home-maker | INDUSTRY | W.VA. | | UCOUNTRY? |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN | NAME | |
| JAMES CHESHIRE | | MARTHA MIC | CHAEL | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) | | INFORMANT | Address | |
| no | 233-74-710ME | MORIAL HOSP | ITAL, CUMBERI | LAND, MD. |
| 18. CAUSE OF DEATH [Enter only one cause | per line for (a), (b), and (c).] | 1 | 1 | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | Kabar | Treuma | und_ | Our west |
| 490X DUE TO | | | | |
| Conditions, If any, which gave rise to immediate (b) | | | | |
| cause (a), stating the DUE TO | | | | |
| PARTII. OTHER SIGNIFICANT CONDITIONS CON | TRUBUTING TO DESTU BUT NOT DEL | ATER TO THE TERMINAL BLOC | | Tatal Man All Topov |
| FARTH. OTHER SIGNIFICANT CONDITIONS CON | TRIBUTING TO DEATH BUT NOT REL | ATED TO THE TERMINAL DISE | ASE CONDITION GIVEN IN PAR | PERFORMED? |
| 20a. ACCIDENT WAS UNDERLYING 1 | Ob. DESCRIBE HOW INJURY OCC | UDDED (Enter neture of In) | um In Dark I av Dark II of Its | YES NO |
| PARTII. OTHER SIGNIFICANT CONDITIONS CON 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | Ob. DESCRIBE HOW INJURY OCC | UKKED. (Enter nature of inj | ury in Part I or Part II of Ite | em 16.) |
| | 20d. INJURY OCCURRED 20e. PL/ | ACE OF INJURY (Home, farm, | 20f. (City or town) | (County) (State) |
| Hour a.m. | While Not While factor | ory, street, office bldg., etc.) | | |
| 21. I certify that (I) (this hospital) attended the deceased from (-/0-, 19 66to (-/5-, 1966 that (I) (we) last | | | | |
| saw the deceased alife on | | | | |
| 22a. SIGNATURE 22b. DATE SIGNED | | | | |
| MED. STAFF DIRECTOR DIRECTOR DIRECTOR DIVISION DIRECTOR DIVISION DIRECTOR DIVISION DIRECTOR DIVISION DIVISIONI DI VISIONI DIVISIONI DI VISIONI DIVISIONI DIVISIONI DI VISIONI DIVINI DIVINI DIVISIONI DIVINI DIVISIONI DIVISIONI DIVISIONI DIVINI DIVINI DIVISIONI DIVI | | | | |
| PHYSICIAN'S NAME (TYDER. W.F.WILLIAMS 122 S CENTRE ST. CUMBERDAD, MD. | | | | |
| | | | | |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF | | | 23d. LOCATION (City, town | |
| Burial 1-18-66 | Ebenezer Co | emetery | Romney, W. BY REGISTRAR 25b. REGIS | |
| a hunny fight 1 | hus ball | MICHAN 2 | | |

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, 1 SYAGE CHAMP ON A PARK TO KATE OF BELL LATTREON JA 190429 YORAN IN THE TANK THE WAR SALES CHESHIRE PET TE ST. EUMERRENED, TV 371131 The state of the s

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CERTIFICATE OF DEATH

00090

| 00000 | CERTIFICA | HE OF DEATH | | Reg. Dist. No | gouuu, |
|--|---|---|-------------------------------|----------------------|--|
| 1. PLACE OF DEATH O. COUNTY CHELEGAMY | MARYLAND | 2. USUAL RESIDENCE (Whe | b. COUNT | tion: Residence belo | ore admission) |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give porest town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (IF OU | tside corporate limits, write | RURAL and give ne | aresi lown) |
| d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION, Hospital, Australia | daddress) | d. STREET ADDRESS | | | o. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) | PORT RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH P. AGE OF WINDOWS M. STREET ADDRESS OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH P. AGE OF NOTIFIED DEATH P. AGE OF NOTIFIED P. AGE OF | OF | anth Do | 19 66 | |
| 010:00 1111 | .7 | Feb-15,18 | a lost birthdoy) | Months Days | Hours Min. |
| 1. PLACE OF DEATH B. CLEY OF COUNTY B. CLEY OF CO | F WHAT COUNTRY? | | | | |
| Perry Han | 2 | Ida - | 4 | | |
| | 217-10-1227 J | 9 9 | lans - Thi | t. Sour | age mo |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) H 4 3 X DUE TO Conditions, if ony, which gave rise to immediate | Cerebral Vas Menebral Vas Meriosclero | cular Hen in Cardior | ascular & | axiase | ERWAL BETWEEN SET AND DEATH GLOSSIE COMPS ?? |
| lying cause last. (c) | | | | | |
| LOR CONTRIBUTING IT CAUSE OF BEATH I | | | | | |
| 20c. TIME OF INJURY Month, Day, Year 20d. Hour o. m. 19 Whit at we | e _ Not while fact | CE OF INJURY (Home, form, lory, street, office bldg., etc.) | 20f. (City or town) | (County) | (Stote) |
| | | | | | |
| ACTUAL AC | | | | | |
| | | FROSTB | URG-MD | 21582 | |
| Burial Jan 11, 1966 | "methodist | Bemetary | mit Sar | age_ | and. |
| John J Hafer Fro | alturg, m | DATE N | BY REGISTRAR 246. REG | ISTRAC'S SIGNATU | RE |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained in the haspital or attending physician.

TO FUNERAL DIN, COR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. may be retainted in the haspital or attending physician.

2 FUNERAL DIN JOR: After this certificate has been signed by the attending physician and campletely filled the prince of the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove captorn pages. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs offer dooth. VS A15 (4) 15M 9/55

| San Parket | | |
|------------|-------|-----|
| FO | R STA | TE. |
| HEA | LTH D | EPI |

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay "necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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| | | | PARTMENT OF | | | |
|-------------|----------------------------|----------------|-------------------|--------|-------------|-------------|
| Division of | f STATISTICAL RESEA | RCH AND RECORD | S, 301 W. PRESTON | STREET | , BALTIMORE | 1, MARYLAND |
| 00037 | | | CERTIFICATE | | | 0.0 |

| 1 | PLACE OF DEATH a. CDUNTY | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. CDUNTY |
|---------------|---|--|
| _ | Allegany MARYLAND b. CITY DR TOWN (If outside corporate limits, c. LENGTH DF STAY IN 1b | Maryland Alllegany c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| | b. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) | C. CITY OR IDWN (IT outside corporate limits, write RURAL and give nearest town) |
| | Cumberland D O A | Cumberland /-/ |
| | d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, give street address) | d. STREET ADDRESS e. IS RESIDENCE ON A FARM? |
| | Sacred Heart Hospital | 523 Fayette Street YES ND X |
| 3 | . NAME OF FIRST MIDDLE | Last 4. DATE Month Day Year |
| | (Type or print) Elsa Marie | Henkel DEATH January 4 1966 |
| 5 | . SEX 6. COLDR OR RACE 7. MARRIED X NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS |
| | Female White WIDDWED DIVDRCED | Sept 15, 1893 72 yrs. Months Days Hours Min. |
| 110 | OR HISHAL OCCUPATION (Give kind of work done) 10h KIND OF RUSINESS DR | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT |
| di | uring most of working life, even if retired) INDUSTRY | Canada COUNTRY? |
| 1 | Housewife 3. FATHER'S NAME | 1 14. MDTHER'S MAIDEN NAME |
| 1 | o. TATILITY MAINE | 24. HUTTER S HAIDER TAINE |
| | Jules W. Geyer | Elise Lagrum |
| | 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY NO. 17. Yes, no, or unkown) ((If yes give war or dates of service) | INFORMANT Address |
| 1 | | Henry Henkel 523 Favette St CumberlandMd |
| | 1 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] | I INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY: CORONARY | OCCLUSION SUDDEN |
| | 14 2 al | 000100101 |
| | Conditions, if any, which \ CORONAL | RY SCLEROSIS |
| | gave rise to Immediate (b) | |
| | cause (a), stating the DUE TO | |
| | underlying cause last. (c) | LIA HILL ALL HANDEN |
| 2 | PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL | ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? |
| LAC | | YES ND |
| | 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCC | URRED. (Enter nature of injury in Part I or Part II of Item 18.) |
| CERTIFICATION | | |
| MEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL | ACE DF INJURY (Home, farm, ory, street, office bidg., etc.) (City or town) (County) (State) |
| 200 | Hour a.m. p.m. 19 While Not While at work at work | biy, street, office bings, etc./ |
| 2 | 21. I certify that I took charge of the remains described above, h | eld an Autopsy , Inspection X, inquiry X, and in my opinion |
| | | |
| | death resulted from: Natural causes Accident, Si | |
| | ACTUAL B. D. + XLT. D.) | CHIEF MEDICAL EXAMINER 22. DATE SIGNED |
| | SIGNATURE Denedict Delarelle | AS D ASSISTANT MEDICAL EXAMINER |
| 2 | EXAMINER'S DENIED TOWN CUTTOADEL TO MID | DEPUTY MEDICAL EXAMINER X January X 4, 1965 |
| | NAME (Type) DENEDICI SKITARELIC, M.D. | Address (Street, city, town, or county) Cumberland, Md. |
| 2 | 3a. BURIAL, CREMATIDN, 23b. DATE THEREOF 23c. NAME OF CEMETER REMDVAL (Specify) | |
| _ | Burial Jan. 6. 1966 Arlington Nat | ional Cemetary Arlington, Virginia |
| | 24. FUNERAL DIRECTOR ADDRESS | 201 1 0 |
| | John J. Hafer 230 Balto Ave., Cumber | and Marsh N 6 1966 Theories Judge |
| | | |

The state of the s The state of the s Deardet Stitleville 551 . 12 vert. | L O. C. STARTED TORREST The service and the service of the service and CALL AND DESIGNATION OF THE RESERVE TO THE

TO DEPUTY INTOICAL EXAMINER: This certificate should be executed within 24 hours after diplease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 ma TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 v or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours VS. A15ME 5M 9/60

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| FOR HEAL | ST | DEPI |
| Vay is necessary, ral director. Page | with the State Board of Health, | affer death. |

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH ACTION.

| MEDICAL EXAMINER'S CE | RTIFICATE OF DEATH |
|-----------------------|--------------------|
|-----------------------|--------------------|

| - UZULTANON | | | | 170000 |
|--|------------------------------|---|--|--|
| 1. PLACE OF DEATH a. COUNTY | | | CE (Where dacaasad lived, If inst | itution: Residence before admission |
| Allegany | MARYLAND | Maryland | b. COUNTY | Allegany |
| b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN | if outside corporate limits, writa RI | JRAL and giva naerast town) |
| Klondike*RT. Frostburg | | Klondike | R-F-D- Fro: | stburg, MD. |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hos | spital, give street addrass) | d. STREET ADDRESS | σ | ON A FARMY YES NO |
| 3. NAME OF First DECEASED | Middle | Lasi | 4. DATE Month | Dey Year |
| (Type or print) ANNIE | | HERSICK | DEATH Jan 2 | 3 1966 19 |
| 5. SEX 6. COLOR OR RACE 7. MARRIE | D NEVER MARRIED 8 | DATE OF BIRTH | A section of the sect | UNDER 1 YEAR IF UNDER 24 HRS. |
| Female White widowi | | 10/6/1892 | 73 yrs. M | onths Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | IND OF BUSINESS OR INDUSTR | , | | 12. CITIZEN OF WHAT COUNTRY |
| Housewife | | Czechosl | | U.S.A. |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN | | 1 |
| Mike Petron | | Mary - | | (Unknown) |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) (Ifyesgivewerordetasofsarvice) | SOCIAL SECURITY NO. 17. I | NFORMANT | Address | |
| No | None J | ohn Hersid | k, Klondike, | RT. Frostburg. |
| 18. CAUSE OF DEATH Enter only one cause per | ina for (a), (b), and (c).] | | (SON) | INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (•) | EXPOSURE | | | HOURS |
| 7320 DYEXOX | וו דר קו מו מו מו מו | · a \ | | ********** |
| Conditions, if any, which (b) | (FREEZIN | G) | | HOURS |
| gave rise to immediate cause (e), stating the underlying DUE TO | | | | |
| cause last. (c) | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONDIT | TRIBUTING TO DEATH BUT NO | T RELATED TO THE TERMIN | NAL DISEASE CONDITION GIVEN | IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO |
| 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. | IBE HOW INJURY OCCURED. (E | nter neture of injury in Per | I or Part II of ilem 18.) | |
| | SIDE OF DWEL | LING NURUN | DURING SNOW | BLIZZARD |
| 20c. TIME OF INJURY Month, Day, Year 20d. While 5.00 p.m. 122 23 1966 at wor | | CE OF INJURY (Home, farm | | (County) (State) |
| 5:00 p.m. Jan 23 1966 at wor | 1 55 | ar home | Klondike, Al | legany, Md. |
| 21. I certify that I took charge of the rem | ains described above, he | ld an Autopsy X, | Inspection X, Inquiry | |
| death resulted from: Natural causes | Accident M. Suici | de, Homicide | , Undetermined man | ner 🗌 |
| 0 | 101 | CHIEF MEDICAL | EXAMINER | |
| SIGNATURE SINEdicts | Kitarelia) | M D ASSISTANT MEDI | ICAL EXAMINER | DATE SIGNED |
| EXAMINER'S | | DEPUTY MEDICAL | EXAMINER X | 1/24/1966 |
| | citarelic Cu | CREMATORY | 22d. LOCATION (City, town, or | |
| REMOVAL (Specify) | | 100000000000000000000000000000000000000 | | |
| Burial 1/27/1966 | St. Josephs | | Midland, M | RAR'S SIGNATURE |
| | | | 6 1966 Pelian | # () |
| GEOUGE ETCULOWN I | onaconing, N | D. AAEZ | 0 1000 1/ | 10 |

38(11) reser politica supple John Mariel, Mineriko, I. Proming. Languete Merce rece . un emaine de la compania del compania de la compania de la compania del compania de la compania del compania de la compania de la compania del c ABOUT Element tone contact, and the contact

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| OPUSY CERTIFICAT | E OF DEATH | 1101197 |
|--|--|---|
| 1. PLACE OF DEATH a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived, If institution: Real a. STATEGARYLAND ALLEGAN) | |
| b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporate limits, write RURAL | |
| CUMBERLAND. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | CUMBERLAND 01- | / |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) MEMORIAL HSXPITAL | d. STREET ADDRESS 1504 BEDFORD ST. | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF FIRST MIDDLE | Last 4. DATE Month | Day Year |
| (Type or print) MRS. SANDRA A HOFFMA | AN DEATH JAN. 19. | 1966 19 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER) | YEAR IF UNDER 24 HRS. |
| R F WHITE WIDOWED DIVORCED | 2/10/42 Last birthday) Months | Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (County & State, or foreign country) 12. Cl | TIZEN OF WHAT |
| during most of working life, even if retired) SECRETARY INDUSTRY COUNTY GOV 1 | CUMBERLAND, MD. | U.S.A. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| JOHN T. TOPPER | VIRGINIA CAMPBELL | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service) | INFORMANT Address | |
| NO 1220 381 2332 ME | EMORIAL HOSPITAL, CUMBERLA | ND. MD. |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: | | ONSET AND DEATH |
| IMMEDIATE CAUSE (a) No de Kuis | Julein | 3000 |
| DUE TO | | - Ione |
| Conditions, if any, which (b) (b) | | |
| cause (a), stating the DUE TO | | |
| underlying cause last. (c) | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? |
| 202. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | CURRED. (Enter nature of injury in Part I or Part II of Item 18. |) |
| | ACE OF INJURY (Home, farm, 1 20f. (City or town) (Cou | nty) (State) |
| | ory, street, office bldg., etc.) | |
| 21. I certify that (I) (this hospital) attended the deceased from | 1963 19 to 1-19 1966 | that (I) (we) last |
| saw the deceased alive on 1-1966, and the | THE LAM | |
| 22a. SIGNATURE | | ATE SIGNED |
| 100. | ATTENDING MED. STAFF | 121/66 |
| 22c. PHYSICIAN'S | D. PHYS. DIRECTOR PHYS. 22d, ADDRESS | 21166 |
| NAME (Type) | | DEDI AND M |
| | 441 N. CENTRE ST. CUM | |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify) | RY OR CREMATORY 23d. LOCATION (City, town or cou | inty) (State) |
| BURIAL JAN. 22, 1966 SUNSET MEMOR | | O OLONATUDE |
| 24. FUNERAL DIRECTOR ADDRESS | | |
| BYRON KIGHT CUMBERLAND, MD | . DATEAN 24 1958 Achienel | as Indee |

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THE IL CENTRES T. CHARGERLAND, S.

MARYLAND STATE DEPARTMENT OF HEALTH

STREET, BALTIMORE 1, MARYLAND OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON

| DENU41 | | | CERTIFICA | IE UF DEAL | п | | UUL | 411 |
|------------------------|---|---------------------|-----------------------|--|-------------------------|--------------------------|-----------------------|---------------|
| 1. PLACE OF DEA | тн | | | 2. USUAL RESIDE | NCE (Where deceased | lived, If institution: R | esidence befor | re admission) |
| a. COUNTY | ALLEGANY | | MANYI AND | a. STATE | RYLAND | b. COUNTY | ATTECA | NTV |
| b. CITY OR TO | | limits. c F | MARYLAND | | | Ilmits, write RURAL | ALLEGA and give ne | |
| write RURA | WN (if outside corporate L and give nearest town) | | | | | / / | 5 | |
| CUMBERL | | | O DAYS | FROSTBU | | 01-1 | 1 0 10 | RESIDENCE |
| d. NAME OF H | OSPITAL OR INSTITUTION | (if not in nospital | , give street address | d. STREET ADDRES | S | | e. 15 | A FARM? |
| SACRED H | EART HOSPITAL | | | 107 E. M | AIN ST. | | YES | NO X |
| NAME OF | First | | Middle | Last | 4. DATE | Month | Day | Year |
| (Type or print) | MIN | NIE | E | HOH ING | OF DEATH | 7 /27 /6 | 6 | 19 |
| SEX | 1 0 0010- 010-1 | | EVER MARRIED | 8. DATE OF BIRTH | 9. AGE | (In years IF UNDER | 1 YEAR IF U | |
| FEMALE | WHITE | WIDOWED | DIVORCED | 8/20/92 | last | birthday) Months | Days Ho | urs Min. |
| | ATION (Give kind of work do | 48 | BUSINESS OR | | (County & State, or for | eign country) 12. C | ITIZEN OF W | HAT |
| ing most of wor | king life, even if retired) | INDUSTR | RY | | | | DUNTRY? | |
| Practic FATHER'S NA | cal Nurse | Ind lv 1 | dual hom | es Frost | | yland U. | S.A. | |
| | | | | | | | | |
| | Mayer | | | | aret Horo | | | |
| WAS DECEASED | EVER IN U.S. ARMED FORCE (If yes give war or dates of se | ES? 16. SOCIA | L SECURITY NO. 17 | . INFORMANT | | Address | | |
| O GIROTTI | | 217-0 | 5-1358 P | AT TENT'S CH | ART | | | |
| | DEATH [Enter only one of | | | Water State of the | | | INTERVAL | BETWEEN |
| | DEATH WAS CAUSED BY: | | | | | | | ND DEATH |
| 1100 | IMMEDIATE CAUSE (a | | Failure | | | | 5 day | /.8 |
| 700 | DUE TO | | | - II Dda | | | 15 yr | |
| gave rise to | any, which by Immediate (b) | Arteri | oscreror 1 | c Heart Dis | ease | | 15 yr | • |
| cause (a), | stating the DUE TO | | | | | | 2 | |
| underlying car | 1 (6 | | c Anemia | | | | 3 yr. | |
| | SIGNIFICANT CONDITIONS | | | | | | DED | FORMED? |
| Con | tre bestlere | hritis an | d arte ric | sclerosis | | | YES [| NO# |
| 20a. ACCIDEN | eralized arti T WAS UNDERLYING I TING I CAUSE OF DEATH OTIFY MEDICAL EXAMINE | 20b. DESCRI | BE HOW INJURY OC | CURRED. (Enter nature | of Injury in Part I | or Part II of Item 18. | .) | |
| (IF EITHER, N | OTIFY MEDICAL EXAMINE | R) | NT. | no. | | | | |
| | INJURY Month, Day, Ye | | OCCURRED 20e. P | LACE OF INJURY (Home. | farm, 20f. (City | | | (State) |
| Hour a | .m. | While - N | ot While fac | tory, street, office bldg. | , etc.) | | | - 35 |
| | .m. None 19 | | at work | | - | 02 / | 7 | |
| 21. I cert | ify that (I) (this hospit | al) attended the | deceased from_ | January 3, | 19 00 , to Jan | mary 2,(10 c | oo, that (|) (we) las |
| | eceased alive on Jan | uary 27, | _1966, and th | at death occurred a | 14.30M,AMbm th | e causes and on t | he date sta | ited above |
| 22a. SHGMAT | URE | elinar | 2 mad | ATTENDING | MED S | TAFF 22b. D | ATE SIGNED | |
| | | Lunar | N | .D. PHYS. | | HYS. 1-2 | 7-56 | |
| 22c. PHYSIC | IAN'S | TY A BY | | 22d. ADDRESS | | | | |
| IAMINE (| Type) DR. HALLI | IVAIV | | 140 Bedf | ord St. | humbe rland | Md. | |
| . BURIAL, CRE | | EREOF 23c. | NAME OF CEMETE | | | ON (City, town or cou | | (State) |
| REMOVAL (S | 490 | 106K T | N | Mom Don | Front | burg, Mar | wland | 3000 |
| Burial FUNERAL OF | RECTOR Janu. 29 | 1 1/ | rostburg | Mem. Par | REC'D BY REGISTRAF | 25b. REGISTRAR | S SIGNATUR | E/ |
| 1 .0 | 16. Mollin | FR | OSTBURG, | MD. | ER 1 19 | 25b. REGISTRAR | U | 4 |
| IAFER F | UNERAL HOMI | 8 60 W. | MAIN ST | DATE F | レレム | | | |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please tembor carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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| 1/2/1 | CALLET | 1 8 99 | | |
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| | el tel de la company | 1065 Prosther | OC WHEL | I al woll |

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

| | MARYLAI | ND STATE DEPAR | TMENT OF I | HEALTH | |
|---------------|----------------------|------------------|------------|-----------------|-----------------|
| DIVISION OF S | STATISTICAL RESEARCH | AND RECORDS, 301 | W. PRESTON | STREET, BALTIMO | DRE 1, MARYLAND |
| 00074 | | PEDTIFICATE C | E DEATH | | 0001 |

| 1. PLACE DF DEATH a. CDUNTY | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) |
|--|---|
| ALLECANIN | a. STATE b. COUNTY |
| | MARYLAND ALLEGANY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| write RURAL and give nearest town) | |
| CUMBERLAND 72 DAYS | BARTON |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address | |
| MEMORIAL HOSPITAL | RI. #I YES ND |
| 3. NAME DF First Middle | Last 4. DATE Month Day Year |
| (Type or print) BENJAMIN H | YDE DEATH JAN. 29 1966 |
| 5. SEX 6. CDLOR OR RACE 7. MARRIED NEVER MARRIED | 1.8. DATE OF BIRTH 19. ACE (In years LIF UNDER 1 YEAR IIF UNDER 24 HRS. |
| MALE WHITE WIDOWED DIVORCED | DEC. 4. 1895 70 yrs. Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT |
| during most of working life, even if retired) | MOSCOW, MD. U.S.A. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| BENJAMIN HYDE | KATHERINE MOWBRAY |
| | |
| | , INFORMANT Address |
| (Yes, no, pr unkown) (If yes give war or dates of service) 214-01-3802 | MEMORIAL HOSPITAL |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | INTERVAL_BETWEEN |
| PART I. DEATH WAS CAUSED BY: Jerminal slatus | arthurtiling and Commis Control Forting |
| | 12 WHAS |
| DUE TO Arlenosclessitis | : Condisorosenla disesse 10 years |
| Conditions, if any, which (b) | |
| gave rise to immediate cause (a), stating the DUE TO frame: has it to | , asllma, pllmmong phosis 20 groups me |
| underlying cause last. | " as to well be wellered have a so the sail |
| | LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY |
| 8 Renign Livertroops hostale, w | renow relation and 7. U. R 16 fee. PERFORMED? |
| of the total total | 63 125 |
| PART II. OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE BOMON LYPOWOWY MONTHLY INC TO DEACH BUT NOT RE BOARD CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | CURRED. (Enter nature of injury in Part I or Part II of Item 18.) |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl | LACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P fac While p.m. 19 at work at work | ctory, street, office bldg., etc.) |
| p.m. 19 at work at work | 5 39 95.00 |
| 21. I certify that (I) (this hospital) attended the deceased from | /8 /19 30 top M 19 , that (I) (we) last |
| saw the deceased alive on 20 4 m, 1966, and th | nat death occurred atM, from the causes and on the date stated above. |
| 22a. SIGNATURE | 22b. DATE SIGNED |
| In albert I a como | A.D. ATTENDING DE MED. STAFF DIRECTOR DIRECTOR PHYS. 30 4 9 . 66 |
| 22c. PHYSICIAN'S | 22d. ADDRESS |
| NAME (Type) DR. W. A. VAN ORMER | 122 S. CENTRE ST. CUMB. MD. |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE | RY OR CREMATORY 23d. LOCATION (City, town or county) (State) |
| BREMOVAL (Specify) 2/2/66 Laurel Hi | |
| 24. FUNERAL DIRECTOR ADDRESS | 1 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SICNATURE |
| (1)/// | 0.001 |
| Westernport, | Md. DATEEB 4 1968 Scharles Judge |

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| | } - T | | AT 19284 JA19 | 01(5), |
| . 28 | #L 10 | 19 | -ALMES | |
| | 7TO. 4, 1985 76 | | STIRM | |
| .6.2. | KATHERINE PENERGY | | L MEKER JAMEN HYRE | M36 |
| | TRESPONDED TO THE PARTY OF THE | | | |
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| | .W.900(:01- W.9) | | | |
| . cups. wo | 122 S. CENTRE ST | 85 190 MAY | DR. W. A. | |

be executed within 24 hours after death. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician, and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate, Page 4 may be retained by the hospital or attending physician.

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|---------|------------------|--|--------------------|
| 00.4814 | MUM OF STATISTIC | AL RESEARCH AND RECORDS, 301 W. FRESTON STREET, BAL | |
| np | IACORSON | CERTIFICATE OF DEATH | 00042 |

| DR. SACOBSON | 00046 |
|--|--|
| 1. PLACE OF DEATH a. COUNTY ALLEGANY MADYLAND | 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE MARYLAND b. COUNTY ALLEGANY |
| b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| write RURAL and give nearest town) | |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | d. STREET ADDRESS e. IS RESIDENCE |
| | ON A PARM! |
| MEMORIAL HOSPITAL | 3 HIGH STREET YES NO |
| 3. NAME DF First Middle DECEASED (Type or print) CALVIN C. | JAMES 4. DATE Month Day Year JAMES JANUARY 4. 19 66 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 4 | 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. |
| MALE WHITE WIDOWED DIVORCED | 8=4=1924 41 yrs. |
| 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| RETIRED - SCHOOL TEACHER | LONACONING MD. U.S.A. |
| DANIEL JAMES | |
| | NELLIE BEARD INFORMANT Address |
| | EMORIAL HOSPITAL -CUMBERLAND, MD. |
| 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] | extension. INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Head of | Pancreas with recurrence and 6 months |
| 157X DUE TO | |
| Conditions, If any, which (b) | |
| gave rise to immediate cause (a), stating the DUE TO | |
| underlying cause last. (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA | ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? |
| Obstructive Jaundice | YES NO X |
| PARTILOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE PARTILOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE PARTILOTHER SIGNIFICANT CONTRIBUTING TO DEATH BUTNOT RELATED TO THE PARTILOTHER SIGNIFICANT CONTRIBUTING TO DEATH BUTNOT RELATED TO THE PARTILOTHER SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE PARTILOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE PARTILOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE PARTILOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE PARTILOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE PARTILOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE PARTILOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE PARTILOTHER SIGNIFICANT CONTRIBUTING TO DEATH BUTNOT RELATED TO THE PARTILOTHER SIGNIFICANT CONTRIBUTING TO DEATH BUTNOT RELATED TO THE PARTILOTHER SIGNIFICANT CONTRIBUTING TO THE PARTILOTHER SIGNIFICANT CONTRIBUTION CONTRI | JRRED. (Enter nature of Injury in Part I or Part II of Item 18.) |
| | CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) |
| Hour a.m. While Not While facto | ry, street, office bldg., etc.) |
| p.m. 19 at work at work | ine 28, 1965 to Jan. 4, 1966, that (I) (we) last |
| 21. I certify that (I) (this hospital) attended the deceased from saw the deceased above on 19 and that | t death occurred at 1900 from the causes and on the date stated above. |
| 22a. SIGNATURE | 22b. DATE ŞIGNED |
| () June perton M.D | o. ATTENDING MED. DIRECTOR PHYS. Jan. 4, 1966 |
| 22c. PHYSICIAN'S NAME (Type) | 22d. ADDRESS |
| DR. SAMUEL M. JACOBSON | \$00 50 PERSHING ST., CUMBERLAND, MD. |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERS | |
| Burial 1/6/1966 Mt. View C | emetery Moscow MD |
| 24. FUNERAL DIRECTOR ADDRESS | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE |
| George Eichhorn Lonaconing, MI | DATEAN 6 1966 Clientles Judge |

VR AI5 (4) 20M 1/65

Transa at a parkonary to magispoor, inc YUADBAIR WIAJYRAS LONGO TO LONG THE DAYS MENDRIAL HOSELTAL SALTER and a yourned and and a second of the allowed at th TETTERS SCHOOL TRAUMER SCHOOL TRAUMER BONIEL JAMES THE TOTAL SERVICE STATE OF THE SERVICE STATE OF THE SERVICE SERVICES. the second of th DR. SAMUEL M. JACOBSON - BEN SO REASTAINS ST., C. 18174-411, 40 . Is desire bleshoun longoning, al. 4.

FOR STATE HEALTH DEPT.

DEPUTY MEI EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to are funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office, along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Gie beges 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MEI

MADVIAND CTATE DEDADTMENT OF HEALTH

| | IMAINI | THUN SINIE DE | PARTICIAL OF | DEALID | |
|-------------|-------------------|----------------|-------------------|-------------------|-------------|
| Division of | STATISTICAL RESEA | RCH AND RECORD | S. 301 W. PRESTON | STREET, BALTIMORE | 1. MARYLANI |
| A R | | | CERTIFICATE | · · | n(|

| | With the Later | | | | | | | - | 00. | - 0 |
|-----------------------|-----------------------------|---|-----------------|-------------------------------|----------------------------|------------------------|--------------------|--------------|-------------------------------|----------|
| 1. | PLACE OF DEAT | Н | | | 2. USUAL RESIDEM | ICE (Where deceased I | | Residence | before ad | mission) |
| | | Allegany | | MARYLANO | | aryland | b. COUNTY | Alle | gany | |
| | b. CITY OR TOW | N (If outside corporation and give nearest to | ta limits. | c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (| If outside corporate | | | | |
| | | erland | wn) | 30 years | | Cumberlan | d | | 01- | 1 |
| | d. NAME OF HO | SPITAL OR INSTITUTI | ON (If not in h | ospital, give street address) | d. STREET ADDRESS | | | 8 | . IS RES | IDENCE |
| | Memor | rial Hospi | tal | | | 207 Lain | g Avenue | Y | ON A F | NO S |
| 3. | NAME OF DECEASED | F | Irst | Middle | Last | 4. DATE | Month | Day | Yea | àl' |
| | (Typa or print) | C | harles | William | Johnson | OF DEATH | Jan. | 7 | 19 | 66 |
| 5. | SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE | (in years IF UNDE | R 1 YEAR | - | R 24 HRS |
| | Male | White | WIDOWED | | March 19, | 1910 55 | birthday) Months | Days | Hours | Min. |
| 10 | . USUAL OCCUPAT | ION (Give kind of worl | done 10b. K | CIND OF BUSINESS OR | 11. BIRTHPLACE (| State or foreign cou | | CITIZEN | OF WHAT | |
| aui | Engir | ing lifa, aven if retirates | Ra | NDUSTRY | New Yo | rk | | USA | 7 | |
| 13 | . FATHER'S NAM | | | | 1 14. MOTHER'S MAI | | | ODA | | |
| | | Walter | Tohneo | n | Eligab | eth Rodel | 1 | | | |
| 15 | . WAS DECEASED | EVER IN U.S. ARMED F | | | INFORMANT | eth Rodel | Addrass | | | |
| (Y | es, no, or unkown) | (If yes give war or dates | of service) | | 10.23 | | | | | |
| | | | | | rs. June T | wigg John | son, Cum | | | |
| | | DEATH [Entar only of EATH WAS CAUSED B | | Ina for (a), (b), and (c).] | 013 | | | ONS | RVAL BET ET AND D LICIO | DEATH |
| | .10 | IMMEDIATE CAUSE | (a) | Coronary | Occlusion | | | 51 | adde: | n |
| | 4201 | DUE | TO | Coronary | Thrombosis | | | 1 30 | | |
| | Conditions, if gave rise to | | (b) | | | | | | | |
| | cause (a), s | | TO 01 | Coronary | Sclerosis | | | | | |
| | undarlying caus | | (c) | | | | | | | |
| MEDICAL CERTIFICATION | PART II. OTHER | SIGNIFICANT CONDITI | ONS CONTRIB | UTING TO DEATH BUT NOT RELA | ATED TO THE TERMINAL | DISEASE CONDITION | ĞÎVEN IN PART 1(8 | | WAS AU PERFOR | MED? |
| TE | 20a. EXTERNA | L CAUSE WAS | 20b. | DESCRIBE HOW INJURY OCCU | JRRED. (Enter nature (| of injury in Part I or | Part II of Itam 1 | (8.) | | |
| E | CAUSE OF DEAT | CONTRIBUTING | | | | | | | | |
| AL (| | INJURY Month, Day, | Year 20d. I | NJURY OCCURRED 20e. PLA | CE OF INJURY (Homa, | farm, 20f. (City o | r town) (C | ounty) | (S | stata) |
| MEDIC | Hour a.i | | Whila at wor | Mot While | ory, straet, office bldg., | etc.) | | | | |
| - | 21. I certify | y that I took charg | e of the rem | nains described above, he | ld an Autopsy 🗶 , | Inspection x | , Inquiry 🔀 | , and | in my | opinion |
| | death result | | | | icide . Homic | ide . Undel | termined manne | r | | |
| - | | 1 | . / | 1.1-1 |) CHIEF MEDIC | AL EXAMINER | | | | |
| | ACTUAL SIGNATURE | Denedo | ctx | Hitarelie | IVI.D. | EDICAL EXAMINER [| □ J _i | 22. an. 7 | DATE S | |
| | EXAMINER'S NAME (Type) | | dict S | citarelic,N. | D Address (Stre | et, city, town, or co | unty) Rt. Q | Cun | ber! | lari |
| 23 | | ATION, 23b. OATE | THEREOF | 23c. NAME OF CEMETERY | OR CREMATORY | | N (City, town or c | | | ate) |
| | REMOVAL (Sp. | 0011101 | 0,1966 | | ew Cemeter | y Sharps | burg, Ma | ryla | nd | |
| 24 | . FUNERAL DIRE | | | ADORESS | 25a. R | EC'O BY REGISTRAR | 25b. REGISTRA | R'S SIGN | ATURE | |
| | James | F. Scarn | elli. (| lumberland M. | a miles ! | 1 1 9 4000 | Warnel | Pa. Ve | Ass. | |

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to a limit to death a first market and a second

| | MARYLAND STATE DEPARTMENT OF HEALTH | |
|-------------|--|-----------------|
| DIVISION OF | TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTII | MORE 1, MARYLAN |
| BBALL | CERTIFICATE OF DEATH | 0.00 |

| - LOOZA | OEIX III IOXII | U DEATH | | 111111111111111111111111111111111111111 |
|---|------------------------------|---------------------------------|------------------------------|---|
| 1. PLACE OF DEATH a. COUNTY | | | | utlon: Residence before admission) |
| ALLEGANY | MARYLAND | a. STATE MA | RYLAND b. COUNTY | ALLEGANY |
| b. CITY OR TOWN (if outside corporate limits, | c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside | de corporate ilmits, write | RURAL and give nearest town) |
| CUMBERLAND give nearest town) | CUMBERLAND | 01 | , | |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in ho | spital, give street address) | d. STREET ADDRESS | 0/- | e. IS RESIDENCE |
| SACRED HEART HOSPITAL | | 924 GREENWO | OD ST. | ON A FARM? YES NO NO |
| 3. NAME OF DECEASED (Type or print) FLORENCE | A Middle | ONEC | DATE Month OF DEATH 1-25-1 | Day Year 1966 19 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED 18 | B. DATE OF BIRTH | 9. AGE (In years IF | UNDER 1 YEAR IF UNDER 24 HRS. |
| FEM. WHITE WIDOWED | N DIVORCED | 12-21-1899 | last birthday) Mo | onths Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HWF • MATD | ND OF BUSINESS OR DUSTRY | 11. BIRTHPLACE (County & | 9.4. | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NA | AME | |
| HUGH DARKEY | (DEC.) | ANNTE | D A TOMOTOTOM | (DEC.) |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S | | ANNTE CI | RABTREE Address | MD |
| (Yes, no, or unkown) (If yes give war or dates of service) NO | | LUTHER W. RI | ז / שתק שדעים | 120 |
| 18. CAUSE OF DEATH [Enter only one cause per lig | | . LUTHER W. RI | onie ale 4 e | BOX 296, CUMB D |
| PART I. DEATH WAS CAUSED BY: | ashar bate. | al Welliankat | 00 | ONSET AND DEATH |
| 5 400 IMMEDIATE CAUSE (a) C | and the red control | a can may | ^ | School |
| Conditions, If any, which | ecerte bek | to ales | | |
| gave rise to immediate | Carl gage | , a coop | | |
| cause (a), stating the DUE TO underlying cause last. | 123 N | | | |
| (6) | TING TO DEATH BUT NOT BELA | TED TO THE TERMINAL DISEAS | E CONDITION CIVEN IN PA | RT 1(a) 119. WAS AUTOPSY |
| a avenoribiote + 14/kenter | user /kai | 7 Przease 1 | old et He | PERFORMED? |
| G OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | ESCRIBE HOW INJURY OCCU | RRED. (Enter nature of Injur | y in Part I or Part II of it | tem 18.) |
| | | CE OF INJURY (Home, farm, | 20f. (City or town) | (County) (State) |
| Hour a.m. p.m. 19 at work | MOT WHITE - | ry, street, office bidg., etc.) | | |
| 21. I certify that (I) (this hospital) attended | | 12/24 . 1965 | to 1/24 | 1966, that (1) (we) last |
| | | | , | d on the date stated above. |
| 22a. SIGNATURE | | adden oddon od de | | 2b. DATE SIGNED |
| Muessua | W.D. | ATTENDING MED. | TOR PHYS. | 1/25/66 |
| 22c. PHYSICIAN'S | 4 . 5 | 22d. ADDRESS | | MARYLAM |
| NAME (Type) S' G WEIST. | AN MO | 59 GREEN | 1E SI (6 | MAGERLAND |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF | 23c. NAME OF CEMETERY | | | |
| Burial Jan. 27, 1966 | Greenmont Cer | metery | Cumberland, | Maryland |
| 24. FUNERAL DIRECTOR | ADDRESS | 25a. REC'D BY | 13/21 | STRAR'S SIGNATURE |
| John J. Hafer 230 Balto 1 | Ave., Cumberla | nd, Md DATAN 2 | 1966 | res judge |

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. be executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital or attending physician.

> 5 (4) 1/65 A15

| For | INF. | VIRE | | | |
|----------|------------|-------|---|-------------|------------|
| | DUADERL-NB | HTACH | 1 | 0 | CUNSERLA |
| SE ST. | 2+ sale W) | | | JATISSCH TA | AEL BENUAR |
| and I | 23 (1 | | Λ | 23 27 17 | |
| 50 | 12-21-1899 | | (| 2711.w | FE1. |
| MARKLATO | | | | | . AWE. |
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Yes the property and street per Contract

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY e. STATE b. COUNTY MARYLAND ALLEGANY MARYLAND ALLEGANY b. CITY OR TDWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 17 DAYS FROSTRING d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS NOVY MINERS HOSPITAL YES BROADWAY NAME OF First Middie DATE Month Day Year Last 4. DECEASED DF (Type or print) DEATH TAN AGE (In years IFUNDER IYEAR IF UNDER 24 HRS. last birthday) Months I Dave House 6. CDLOR OR RACE | 7. MARRIED 5. SEX 8. DATE OF BIRTH 9. NEVER MARRIED WIDDWED F DIVORCED FEMALE 7879 yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND DE BUSINESS OR 12. CITIZEN DF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? HOUSEWIFE HOUSEWORK MARYI.AND TISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ANGUS MCATEE CATHERINE FARRELI 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT BROADWAY. (Yes, no, or unkown) (If yes give war or dates of service) FROSTBURG. LEOMARD 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: caro IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTDPSY PERFORMED,? YES ND 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE DF INJURY (Home, farm. 20c, TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. 19 at work at work 1960, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from Q to. and that death occurred at 11:00 M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE

ATTENDING

ADDRESS

25a.

PHYS.

22d.

CEMETERY

M.D.

MD.

11

23c. NAME OF CEMETERY OR CREMATORY

MICHAELS

ADDRESS

FROSTBURG.

MED.

DIRECTOR

STAFF

PHYS.

FROSTBURG.

1966

23d. LOCATION (City, town or county)

REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

FROSTBURG.

(State)

MD.

funeral and 2 and 2 death. death. the f after filled in yoers. Par hours ? hours within 72 and completely i within event, executed any nding physician Then please re removal and in certificate attending i mit. death transit perm cremation, c The law requires that the been signed by t the burial-transit or to burial, crema or attending physician. has be as the prior t r this certificate hadetached for use a te Dept. of Health p the hospital PHYSICIAN: e Ould be d the State retained by OIRECTOR: Jage 3 should lied with the TO FUNERAL OIRE director, page 3 should be filed w 4 may HOSPITAL

VR A15 (4) 20M 1/65

PHYSICIAN'S

NAME (Type)

BURIAL, CREMATION, REMOVAL (Specify)

JOSEPH R. DURST,

24. FUNERAL DIRECTOR

MCLANE

SR.,

23b. DATE THEREOF

The second secon

Jan 28 1966

Alvana a Tarraga

RYLAND STATE DEPARTMENT OF HEALTH

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ending physician. signed by

death. Page 4 may be retain O FUNERAL DIRECTOR:

HOSPITAL

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W. Fin minueling of regressed Treomination Dent. | Market Commission | Tale on the Market No. Hadete, He happened a programme ... The part garding to be And the later was the second

Westernport,

| DIVISION OF STATIS | MARYLAND STATE DEPARTMENT OF HEALTH STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BA | LTIMORE 1, MARYLANI |
|--------------------|--|--------------------------------------|
| 60047 | CERTIFICATE OF DEATH | 0004 |
| PLACE OF DEATH | 2 ISLIAT RESIDENCE (Where deceased in | ved If institution: Residence before |

| GARA | | | CERTIFICA | ATE OF DEA | TH | | 1)() | 046 |
|---|---|------------------|-----------------------------|--|-------------------|-------------------------|------------------|------------------------------|
| 1. PLACE DF DEAT | Н | | | | | leceased lived, If inst | | before admissio |
| ALL | EGANY | | MARYLAN | a. STATAR | YLAND | P. CONY | LLEGANY | 1 |
| b. CITY OR TOV | VN (if outside corpora and give nearest tow | te limits, | c. LENGTH OF STAY IN | 1b c. CITY DR TDW | N (If outside co | orporate limits, wri | te RURAL and giv | e nearest tow |
| CUMB | FRI AND | | 57 DAYS | WES | TERNPO | RT O | 1-1 | |
| d. NAME OF HO | SPITAL OR INSTITUTION | ON (If not in ho | spital, give street addre | d. STREET ADDR | ESS | | 9 | ON A FARM? |
| MEM | DRIAL HOS | PITAL, | MEM. AVE. | RT. I | , BOX | 136-A | У. | ES ND |
| 3. NAME DF DECEASED | | irst | Middle | Last | 4. DATE | | | Year |
| (Type or print) | HENRY | | Ε. | LARUE | DEAT | | | 1 19 66 |
| 5. SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH | |). AGE (In years I | Months Days | HOURS MIR |
| MALE | WHITE | WIDOWED | <u> </u> | 12-2- | 1883 | last birthday) 7 | | |
| 1Da. USUAL DCCUPA during most of worl | TION (Give kind of work | done 10b. Kir | ND OF BUSINESS OR DUSTRY | 11. BIRT HPLACI | E (County & Stat | te, or foreign country) |) 12. CITIZEN (| OF WHAT |
| Coal Min | | 00 | al Mine | GAR | RETT C | O. MD. | U. S | S. A. |
| 13. FATHER'S NAM | | | | 14. MDTHER'S | | | | |
| | LES LARUE | | | MA | TILDA | MCKENZIE | | |
| 15. WAS DECEASED (Yes, no, or unkown) | EVER IN U.S. ARMED FD (If yes give war or dates of | RCES? 16. S | OCIAL SECURITY NO. | 17. INFORMANT | | Address | .5 | |
| | | | | MEMORIA | L HOSP | ITAL, CU | MBERLAN | ID. MD |
| | | | e for (a), (b), and (c).] | 0 | | 2 | INTER | RVAL BETWEEN ET AND DEATH |
| PART I. D | EATH WAS CAUSED BY IMMEDIATE CAUSE | (a) Que | nie and | Leimis | ral Go | yestin h | and forthe | w 2 mm |
| 5230 | DUE | | 4 0 | / | 2 | 1 | 1 11 | 240. |
| Conditions, If | any, which \ | (b) A-> | corder | rse . « | neos | 2 | 10 | geors, |
| gave rise to cause (a), | | | . 0.0 | 00 | u soul | 0 | 20 | 140m |
| underlying cau | | (c) LKLM | ue puemon | my throw | i soul | noon | | 1 |
| PART II. OTHER | SIGNIFICANT CONDITION | ONS CONTRIBUT | ING TO DEATH BUT NOT | | | NDITION GIVEN IN F | PART 1(a) 19. | WAS AUTOPSY PERFORMED? |
| PART II. OTHER 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO | estinal fe | monk | oge / rem | nost, sec | aday t | a devol. | eller. YES | |
| 20a, ACCIDENT | WAS UNDERLYING ING CAUSE DE DEA | 20b. DI | ESCATBE HOW INJURY O | OCCURRED. (Enter natur | re of injury in i | Part I or Part II of | Item 18.) | |
| | TIFY MEDICAL EXAMI | NER) | | | | | | |
| 0 | INJURY Month, Day, | | | PLACE OF INJURY (Homactory, street, office bld | | (City or town) | (County) | (State) |
| Hour a. | m. 19 | While at work | Not While at work | actory, street, omcobia | g., c.c., | | | |
| | fy that (I) (this hose | oital) attende | d the deceased from | \$ 140 | . 1959 to | 1199 | n. 1966 th | at (1) (we) la |
| | ceased alive on | 10 gm | 1966, and | that death occurred | at 4 4 M, 1 | rom the causes a | and on the date | stated abov |
| 22a. SIGNATU | RE OO | 101 0 | 3 | | - | 07455 | 22b. DATE SIG | NED |
| | N. allelala | I ven U | unos | M.D. ATTENDING | MED. DIRECTOR | PHYS. | | |
| 22c. PHYSICI NAME (1 | | | | 22d. ADDRES | | | | |
| | DR. W. | A. VAN | ORMER | 12 | 2 S. C | ENTRE ST | • | |
| 23a. BURIAL, CREI | MATION, 23b. DATE | THEREOF | 23c. NAME OF CEME | TERY OR CREMATORY | 23d. L | LOCATION (City, to | wn or county) | (State) |
| 2011 10 1 | 1 1/ | 1/66 | Philos | | Wes | sternmort | | Md. |
| 24. FUNERAL DIR | ECTOR a | / | ADDRESS | 1 25a | REC'D BY REG | ISTRAR 55b. RF | GISTRAR'S SIGN | ATURE |

1966

executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use. It has burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

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aanin: THE MINISTER W. ALECT KIS IT I'M THE THE THE TOTAL MITTING THE TOTAL PROPERTY. . In . Is offsitting, Laterance Resignation THE REPORT OF THE PARTY OF THE PARTY. The state of the s

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 00048

| 1. PLACE OF OEATH a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) | | | |
|--|---|--|--|--|
| 44.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4 | a. STATE MARYLAND b. COUNTY ALLEGANY | | | |
| b. CITY OR TOWN IT outside corporate limits, c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | | | |
| write RURAL and give nearest town) CLIMBERIAND 3 DAYS | CUMBERLAND 0/-/ | | | |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | d. STREET ADDRESS e. IS RESIDENCE | | | |
| MEMORIAL HOSPITAL | 212 W. OLDTOWN RODD VES NO X | | | |
| 3. NAME DF First Middle | Last 4. DATE Month Day Year | | | |
| OECEASED (Type or print) ALBERT W. 1 | ECHLITER DEATH JANUARY 19 19 66 | | | |
| | DATE OF BIRTH 19 AGE (In years LIFTINDER 1 YEAR ITE LINDER 24 HRS | | | |
| WIGOWIE D | 6-17-1902 63 vrs. Months Days Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of workdone) 10b. KINO OF BUSINESS OR | 13. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT | | | |
| during most of working life, even If retired) NONE NONE | COUNTRY? A. | | | |
| NONE 13. FATHER'S NAME | MARYLAND 14. MOTHER'S MAIDEN NAME | | | |
| | | | | |
| WILLIAM LECHLITER | IRENE PAINTER | | | |
| (Yes, no, or unkown) (If yes give war or dates of service) | INFORMANT Address | | | |
| yes War II M | EMORIAL HOSPITAL-CUMBERLAND, MD. | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | INTERVAL BETWEEN | | | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | ONSET AND DEATH | | | |
| 33/1 | 1 1 - (| | | |
| Conditions, If any, which) DUE TO Left Cerel | ral Harmonshall 5days | | | |
| gave rise to Immediate | | | | |
| cause (a), stating the underlying cause last. | Demislegia 5 days | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OF THE BUT NOT RELA | TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? | | | |
| ICA I | YES NO NO | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OF THE BUT NOT RELATED TO SEATH BUT NOT RE | RREO. (Enter nature of injury in Part or Part of Item 18.) | | | |
| 영 OR CONTRIBUTING 다 CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | |
| ZOC. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLAC | CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) | | | |
| Hour a.m. While - Not While - factor | y, street, office bldg., etc.) | | | |
| | | | | |
| 21. I certify that (I) (this hospital) attended the deceased from | 15 , 1966 to 19 , 1966 that (1) (we) last | | | |
| saw the deceased alive on \$19.00, and that | | | | |
| 22a. SIGNATURE | ATTENOING MED. STAFF | | | |
| alley? Duney M.D. | PHYS. DIRECTOR PHYS. | | | |
| 22c. PHYSICIAN'S NAME (Type) DD CLAV E DIDDETT | 22d. ADDRESS | | | |
| NAME (Type) DR. CLAY E. DURRETT | 236 VIRGINIA AVE., CUMBERLAND, MD. | | | |
| 23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) | OR CREMATORY 23d. LOCATION (City, town or county) (State) | | | |
| Burial Jan. 21, 1966 Davis Memor | ial Cemetery Cumberland, Md. | | | |
| 24. FUNERAL DIRECTOR ADDRESS | 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE | | | |
| James F. Scarpelli, Cumberland, Ma. | JAN 26 1966 Climber Judge | | | |

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deal Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

ON OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| | DR. MILLER | CERTIFICATE | E OF DEATH | | 00048 |
|-----|---|-------------------------------|------------------------------|---------------------------------------|--------------------------------------|
| 1. | PLACE DF DEATH 6. COUNTY | | | (Where deceased lived, If Inst | itution: Residence before admission) |
| | ALLEGANY | MARYLAND | a. STATE MAR | YLAND B. COUNT | ALLEGANY |
| | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If o | outside corporate limits, writ | te RURAL and give nearest town) |
| | CUMBERLAND | 2 DAYS | CUM | BERLAND | 01-1 |
| | d. NAME OF HOSPITAL OR INSTITUTION (If not in ho | spitel, give street eddress) | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? |
| | MEMORIAL HOSPITAL | | 11_ | RIDGEWAY TER | RRACE YES NO LY |
| 3. | NAME DF First DECEASED | Middle | Last | 4. DATE Month | Day Year |
| _ | (Type or print) ADA | | EMMERT | DEATH JANUA | RY 5 19 66 |
| 5. | SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED 8 | B. DATE OF BIRTH | 9. AGE (In years I | MONTHS Days Hours Min. |
| F | FEMALE WHITE WIDOWED | DIVORCED _ | 3-7-1899 | 66 yrs. | |
| | a. USUAL OCCUPATION (Give kind of work done lob. Ki | IND OF BUSINESS OR NDUSTRY | 11. BIRT HPLACE (COL | unty & State, or foreign country) | COUNTRY? |
| | HOUSEWIFE | | MT SAV | AGE MD | U.S.A. |
| 13. | . FATHER'S NAME | | | | |
| | KILLIOUS FOLK | | MARY L | OGSDON | |
| (Yı | 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. : es, no, or unkown) (If yes give war or dates of service) | | MORIAL HOS | | BERLAND. MD. |
| | | | TONTAL 1103 | TITAL - COME | |
| | 18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: | ne for (a) (b), and (c).] | 0 | 2 | INTERVAL BETWEEN ONSET AND DEATH |
| | IMMEDIATE CAUSE (a) | erebral va | ocular o | codent | 5 days |
| | J J / A DUE TO | | | | |
| | Cenditions, If any, which gave rise to immediate (b) | | | | |
| | cause (a), stating the DUE TO | | | | |
| Z | underlying cause last. (c) PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBU | ITING TO DEATH BUT NOT BELA | TED TO THE TERMINAL D | ISFASE CONDITION GIVEN IN I | PART 1(a) 119. WAS AUTOPSY |
| ATI | 00 1 | +4 | 1 -0 | | PERFORMED? |
| FIC | 2Da ACCIDENT WAS LINDERLYING 1 20b. I | DESCRIBE HOW INJURY OCCU | IRRED. (Internature of | injury in Pert 1 or Part 11 of | |
| ERT | 20a. ACCIDENT WAS UNDERLYING 20b. CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | PEGONIDE HOW MISON 1 0000 | | , , , , , , , , , , , , , , , , , , , | |
| AL | | NJURY OCCURRED 20e. PLA | CE OF INJURY (Home, far | rm. 20f. (City or town) | (County) (State) |
| DIC | Hour e.m. White | Not While factor | ry, street, office bldg., et | c.) | |
| Σ | p.m. 19 at work | | 12/16 10 | 65 10 1/5 | . 1965. that (I) (we) last |
| | 21. I certify that (I) (this hospital) attended saw the deceased alive on | a the deceased from | t death occurred at | 2 Qu Anun Man causes | and on the date stated above. |
| | 22a. SIGNATURE | 1922, allu tilat | t death occurred at | TYI, ITOMP THE GAUSES O | 22b. DATE SIGNED |
| | Hand (1) | Sully M.D | ATTENDING NO. PHYS. | MED. STAFF PHYS. | 1/0/65 |
| | 22c. PHYSICIAN'S | paren | 22d. ADDRESS | | |
| | NAME (Type) DR. DAVID H. | MILLER | 22 WASH | INGTON ST., C | UMBERLAND, MD. |
| 23 | a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) | 23c. NAME OF CEMETERY | 11 4 1 1 | 23d. LOCATION (City, to | wn or county) (State) |
| | HURIAL 1-1-1966 | St. George | e Episcopel | 1111 savag | e, 111a. |
| 24 | 4. FUNERAL DIRECTOR | ADDRESS | | 0.001 | EGISTRAR'S SIGNATURE |
| | Joseph IT alust & | for treathers | med DATE | 7 0 1966 | my Junge |

VR AI5 (4) 2DM 1/65

94000 CUMABERLAND C DAYS CONCERNAND M TAUS THE ATTENDED IN THE SATTE SATTER OF THE SATTER O 11 Part 2 1 AND THE PROPERTY OF THE PROPER THE THE PROPERTY AND THE PROPERTY OF THE PROPE The transfer december I don't The tea william to 1 4/4 DRI DAYLO M. MILELEN CEL 22 PASHIMETER CT., DITTERNICHES The Mark States of the second second second Complete the the thing you is

FOR STATE
HEALTH DEPT

DEPUTY MEL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute are certificate, writing the word "pending" in pencil in Item 18, Give, ages 1, 2, and 3 to refineral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. O DEPUTY MED

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AISME (5)

5M

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| 0005 | 0 1 | MEDICAL | EXAMINER'S | CERTIFICAT | E OF DEATH | 00049 |
|---|---|---|---------------------------------------|---|--|--|
| 1. PLACE OF DE a. COUNTY | ATH LLEGANY | | MARYLAND | a. STATE | E (Where deceased lived, If institution b. COUNT | tution: Residence before admission) Y ALLEGANY |
| b. CITY OR T | OWN (if outside corpor AL and give nearast to | ate limits, | C. LENGTH OF STAY IN 1b | | | e RURAL and give nearest town) |
| | | | 46 years spital, give street address) | RT#2 FL | INTSTONE O | e. IS RESIDENCE |
| G. NAME OF | HOSPITAL OK INSTITUT | ION (IT NOT IN NO | spital, give street address) | d. STREET ADDRESS | | ON A FARM? |
| 3. NAME OF DECEASED (Type or prin | | First SABELL I | Middle WALLOW | Lest | 4. DATE Month OF DEATH JAN. | Day Year 28 1966 |
| 5. SEX | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH | | FUNDED 1 YEAR HELINDER 24 HRS |
| FEMALE | WHITE | WIDOWED | DIVORCED _ | June 27 191 | 7 48 yrs. | |
| during most of W | PATION (Give kind of wor orking life, even if reti | ed) IN | DUSTRY | | tate or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| Hous 13. FATHER'S N | ewife | | Housewife | Cumberl | and, Maryland | U.S.A. |
| James 15. WAS DECEAS | | of service) | 00CIAL SECURITY NO. 17. | Oka | (McElfish) Twi | |
| | OF DEATH [Enter only o | | | ALS COIL FIGH | CIT MALLOW RI#Z | Flintstone, Md |
| PART I. | DEATH WAS CAUSED E | Y: E (0) | CARCINOMATOS. | IS, GENERAL | IZED | ONSET AND DEATH |
| | If eny, which | E TO (b) | CARCINOMA OF | RIGHT COLON | | 3 years |
| | aracing the | E TO (c) | | | | |
| PART II. OTHI | R SIGNIFICANT CONDIT | | FING TO DEATH BUT NOT REL | ATED TO THE TERMINAL D | DISEASE CONDITION GIVEN IN P. | ART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO X |
| 20a. EXTER PRIMARY D | NAL CAUSE WAS or CONTRIBUTING [| 20b. D | ESCRIBE HOW INJURY OCC | URRED. (Enter nuture of | injury in Pert I or Part II of | Item 18.) |
| PART II. OTHI | of INJURY Month, Day a.m. p.m. 19 | While | JURY OCCURRED 2De. PL. Not While fact | ACE OF INJURY (Home, fa ory, street, office bldg., e | rm, 20f. (City or town) | (County) (State) |
| | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ins described above, he | eld an Autopsy , | Inspection X, Inquir | ry 💢, and in my opinion |
| death res | ulted from: Natur | al causes K, | Accident, St | ricide, Homici | de, Undetermined n | manner 🔲 |
| ACTUAL SIGNATURE | B-enec | lick & | lk tarely | [V]. D. | DICAL EXAMINER | 22. DATE SIGNED |
| EXAMINER'S NAME (Type | BENEDIC | SKITARI | ELIC. MD | | AL EXAMINER X JAN. t, city, town, or countsumb | 28, 1966 erland, Md. |
| 23a. BURIAL, CR | EMATION, 23b. DATE | | 23c. NAME OF CEMETER | | 23d. LOCATION (City, tow | |
| Buria 24. FUNERAL D | 1 31 Ja | an 66 | GLENDALE CEI | | C'D BY REGISTRAR 256. REC | GISTRAR'S SIGNATURE |
| H. Lee | Silcox | Cur | mberland. Mar | Vland DATE B | 2 1966 | arles Judge |

1/2000 4. AND THE PROPERTY OF THE PARTY. The state of the second second The state of the s Proposition and the state of th in using the profession of the last the FOR STATE HEALTH DEPT

TO DEPUTY MEL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

AE (5) 1/65

VR ALSME

MADVIAND OTATE DEDARTMENT OF HEALTH

| | MAKT | LAND STATE DE | PARIMENIUF | HEALIF | 1 | |
|-------------|-------------------|-------------------|-------------------|---------|-------------|-------------|
| Division of | STATISTICAL RESEA | RCH AND RECORD | S, 301 W. PRESTON | STREET, | BALTIMORE 1 | I, MARYLAND |
| 00051 | MEDICAL | EXAMINER'S | CERTIFICATE | OF D | EATH | 0005 |

| UUUUI | | | | | | | | | | / 1/ |
|--|---|---------------|---|------------|-------------------------|--------------|--------------------|--------------|--------------|-----------------------|
| 1. PLACE OF DEAT | Н | | | | 2. USUAL RESIDENCE | CE (Where | | | sidence befo | re admission) |
| a. COUNTY | | e. STATE | arvla | b. cour | Allæga | מאר | | | | |
| h CITY OF TOU | Allega | ny | c. LENGTH OF STAY II | | c. CITY OR TOWN (If | 4/ | | | | nerest town) |
| Write RURAL | VN (If outside corporete I L and give nearest town) | mires, | C. LENGTH OF STAT II | 10 | C. CITT OR TOWN (II | Outside | corporate minus, m | ING HUNAL | ond Rive in | 30.030 (0111) |
| | a Vale | | DOA | | La | Vale | 0 | 1-1 | | |
| d. NAME OF HO | SPITAL OR INSTITUTION (| If not in hos | spital, give street edd | ress) | d. STREET ADDRESS | | | | e. IS | RESIDENCE NA FARM? |
| Soo | ered Heart Ho | enital | | - 11 | 21 Nat | ional | Uichem | | YES | - Province |
| | | Spruar | | | | | Highway Mont | la. | Day | Year |
| 3. NAME OF DECEASED | First | | Middle | | Lest | 4. DA | ie mont | n | | |
| (Type or print) | George | 9 | Andrew | | Martz | DE | ATH Januar | y : | 23 | 19 66 |
| 5. SEX | 6. COLOR OR RACE 7. | MARRIEDT | NEVER MARRIED | 8. | DATE OF BIRTH | | 9. AGE (In years | IF UNDER | | |
| 3/-7- | | WIDOWED 7 | | = 1. | 1- 00 3.0 | 0/ | lest birthday) | Months | Days Ho | ours Min. |
| Male | | | | Ma | rch 29, 18 ^o | | 69 yrs. | 1 12 61 | TIZEN OF V | VHAT |
| during most opening | JION (Give kind of work don ling life, even if retired) | INI | DUSTRY | | II. BIKINFLACE (3 | state of It | oreign country) | | UNTRY? | mai |
| Retired Mo | tor Worker | Stre | etts Body I | Work | s Maryl | and | | | TS A | |
| 13. FATHER'S NAM | ME | | 2772 2747 | COCALAR | 14. MOTHER'S MAIL | DEN NAME | | | | |
| | Mantela Mant | | | | | 1 11 | 26 8 | | | |
| 15 WAS DECEASED | Martin Mart | | OCIAL SECURITY NO. | 17 1 | Mary Eliza | beth | Marley | | - | |
| (Yes, no, or unkown) | EVER IN U.S. ARMED FORCE (1) (1) yes give war or dates of see | vice) 10. 5 | OCIAL SECURITY NO. | 17. 1 | NEURMANI | | Addie | 93 | | |
| Yes | W W 1 | | | Mr | s. Margare | t. Mar | tz. 21 Na | t.17 Hs | Jv. T.a | WaleMo |
| I 18. CAUSE OF | DEATH [Enter only one co | ause per lin | e for (a), (b), and (c), | | P. C. C. C. C. C. | | **** | | INTERVAL | BETWEEN |
| | EATH WAS CAUSED BY: | | CORO | | OCCLUSIO | N. | LEFT | | ONSET | NE DEATH |
| 1/2 | IMMEDIATE CAUSE (e) | | 00,00 | 7.17.FY 0. | . 00010010 | ,,, | | | | |
| 7 20 | DUE TO | | 111111111111111111111111111111111111111 | | | | | | 1.50 | |
| Conditions, If | | | COR | CONAL | RY SCLEROS | 318 W. | ITH THROME | 30212 | 900 | |
| gave rise to | Immediate (| | | 3.00 | | | | | | |
| cause (a), s underlying cau | stating the | | | | | | | | | |
| | SIGNIFICANT CONDITIONS | CONTRIBUI | LINC TO DEATH BUT NO | TDELAT | ED TO THE TERMINAL | DISEASE | ONDITION CIVEN IN | PART 1/a) | 119 WA | S AUTDPSY |
| PARTITIONER | SIGNIFICANT CONDITIONS | CONTRIBUT | ING TO DEATH BUT NO | IKELAI | ED TO THE TERMINAL | DISEASE | ONDITION GIVES IN | 11 /1/1 2(0) | | RFORMED? |
| CA | | | | | | | | | YES [| ND 🗌 |
| PART II. OTHER 20a. EXTERNA PRIMARY OF CAUSE OF DEA | AL CAUSE WAS | 20b. D | ESCRIBE HOW INJURY | OCCUR | RED. (Enter nature o | f injury ir | Part I or Part II | of Item 18. |) | |
| PRIMARY OF DEA | CONTRIBUTING | 23027 | | | | | | | | |
| 0 0000000 | | - 1 004 191 | JURY OCCURRED 2D | - DI 10 | F DE WILLDY/Dome 6 | arm I 2D | f. (City or town) | (Cou | mtu\ | (State) |
| 20c. TIME DF Hour a. | INJURY Month, Day, Yea | | | factor) | street, office bldg., e | | i. (City of town) | (Cou | iity) | (31210) |
| 0 | .m. 19 | at work | Not While at work | | | | | | | |
| | fy that I took charge o | | | e held | an Autoney X | Inspec | tion X, Inqu | iry X. | and in | my opinion |
| | | | | | | | | | | , 0, |
| death resul | ted from: Natural ca | uses A, | Accident, | Suic | | | Undetermined | manner | | |
| | 12 . | 1 | Vn | 1 | CHIEF MEDICA | | - Lange | | | |
| ACTUAL SIGNATURE | Louder | TV | Relarel | ic | M.D. ASSISTANT ME | DICAL EX | AMINER | | 22. D | ATE SIGNED |
| Old Miles | | | | | DEPUTY MEDIC | | INER XX Jar | nuary | 23. 1 | 966 |
| EXAMINER'S NAME (Type) | BENEDICT SH | TTARE | LTC. M.D. | | Address (Stree | et. city. to | own, or county Cun | nberla | nd. M | d. |
| 23a. BURIAL, CREI | | | 23c. NAME OF CEM | ETERV | | | LDCATION (City, t | | | (State) |
| REMOVAL (Sp | pecify) | | | | | | | | 111137 | (01010) |
| Burial | Jan 26. | 1966 | | r & | Paul's Cem | | umberland | , Md | | |
| 24. FUNERAL DIR | ECTOR | | ADDRESS | | 25a. RE | C'D BY R | EGISTRAR 25b. R | EGISTRAR' | SSIGNATU | RE |
| Val. T | 1. Xhle 230 | Ralto | Ave., Cum | herl | and More | FER | 1 1000 | och | aplen | Judge |
| -10000 | x · syctocyo | Dall | Aves, oun | | WALL TOWNIE | 1 - 1 | 1200 | -1 | 7 | 1-0- |
| V | /3 | | | | | | | - | - | |

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DR. IAMES CERTIFICATE OF DEATH death. funeral and death, 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Pages 1 a b. COUNTY ALLEGANY a. STATE MARYLAND ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b and completely filled in by remove carbon papers. Pag any event, within 72 hours write RURAL and give nearest town) hours CUMBERLAND DAYS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL 12 CASH VALL NO X within NAME OF First Middle Last DATE Month Day Year DECEASED ΔΝΝΔ LUCILLE MATLICK (Type or print) DEATH JANUARY 30 19 66 executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Hours | Min. 7. MARRIED X NEVER MARRIED FEMALE WHITE WIDOWED DIVORCED 10-9 -1893 72 10b. KIND OF BUSINESS OR E 10a. USUAL OCCUPATION (Cive kind of work done) 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician during most of working life, even if retired)
HOUSEWIFE INDUSTRY COUNTRY? and CUMBERLAND. U.S.A Own home certificate removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph LOUIS JONES VALENTINE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Thomas Matlick transit permit. 16. SOCIAL SECURITY NO. 17. INFDRMAN Cash Valley Rd. (Yes, no. or unknown) | (If yes give war or dates of service) -CUMBERLAND, MD. the has been signed by the e as the burial-transit h prior to burial, cremati CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY WKS attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate DUE TO (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) for use Health p PERFORMED? certificate NO -YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: SESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) thed f detach After this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. While Not While at work at work retained DIRECTOR: A age 3 should iled with the 0 21. I certify that (I) (this hospital) attended the deceased from. from the douses and on the date stated above. 1-3U saw the deceased alive on... 19 6 and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF M.D. PHYS. 4 may director, pa pa 軍 HOSPITAL PHYSICIAN'S 22d. **ADDRESS** NAME (Type) IAMES CENTRE ST., CUMBERLAND, MD. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. REMOVAL (Specify) Buria Memorial Burial Park 25b. REGISTRAR'S SICNATURE 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25a. Melanley CC VR A.15 (4) Wayne George Cumberland. DATE 20M 1/65

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| 0.5.4. | COMMERCALL, POT | STELL TOO | | Unit |
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cannon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH

| DIVISION OF STATIS | TICAL RESEARCH AND RECORDS, 301 W. PRESTON STRI | EET, BALTIMORE 1, MARYLAND |
|--------------------|---|--|
| 00053 | CERTIFICATE OF DEATH | 0005 |
| PLACE DF DEATH | 2. USUAL RESIDENCE (Where | deceased lived, If institution: Residence before a |

| a. COUNTY | TH ALLEGANY | ASADVI A | a. STATE M | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE MARYLAND b. COUNTY ALLEGANY | | | | | |
|---|--|--|--|--|--|------------------------------------|------------------|--|--|
| b. CITY OR TOW | NN (if outside corporate limits, | c. LENGTH OF STAY I | | | | | | | |
| CUMBER | WN (if outside corporate limits, L and give nearest town) LAND | 16 DAYS | CUMBER | LAND | | 01- | 1 | | |
| d. NAME OF HO | OSPITAL OR INSTITUTION (if not in | hospital, give street add | d. STREET ADDR | ESS | | e. IS RE | SIDENCE FARM? | | |
| SACREI | D HEART HOSPITAL | | 632 SH | RIVER AVE | | YES 🗌 | - | | |
| 3. NAME OF DECEASED | First | Middle | Last | 4. DATE | Month | Day Ye | ear | | |
| (Type or print) | ALEXANDE | R Gibson | MC Crories | DEATH | 1/4/66 | 19 | | | |
| 5. SEX | 6. COLOR OR RACE 7. MARRII | NEVER MARRIED | 8. DATE OF BIRTH | 9. AG | E (In years IFUNDI t birthday) Months | ER 1 YEAR FUNDE | | | |
| MALE | WHITE WIDOWI | DIVORCED | 2/10/9 | 0 75 | yrs. | | | | |
| during most of work | king life even if retired) | KIND OF BUSINESS OR INDUSTRY GLES Lodge Ri | | E (County & State, or fo ning. Md. | | CITIZEN OF WHA COUNTRY? | T | | |
| 13. FATHER'S NAM | ME | | 14. MOTHER'S M | | | | | | |
| John 1 | McCrorie | | Marga | ret Gibson | | | | | |
| | (If yes hive war or dates of service) | 6. SOCIAL SECURITY NO. 20-10-0121 | PATIENT'S | CHART Mrs. | Bertha Mc Shriver Av | Crorie e. Cumb. | Md. | | |
| | Immediate (| r line for (a), (b), and (c). Callins me | . // / | lungs | | INTERVAL BI ONSET AND Z. Mun | DEATH | | |
| PART II. OTHER 20a. ACCIDENT OR CONTRIBUT OIL EITHER, NO | significant conditions contri | BUTING TO DEATH BUT NO | TRELATED TO THE TERMIN | NAL DISEASE CONDITIO | ON GIVEN IN PART 1(| a) 19. WAS A PERFO | NUTOPSY RMED? | | |
| 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO | TWAS UNDERLYING 20b. TING CAUSE OF DEATH DTIFY MEDICAL EXAMINER) | DESCRIBE HOW INJURY | OCCURRED. (Enter natur | re of injury in Part I | or Part II of Item | 18.) | | | |
| Hour a. | | le Not While | e. PLACE OF INJURY (Hom factory, street, office bld | e, farm, 20f. (City g., etc.) | or town) (C | county) | (State) | | |
| | lfy that (I) (this hospital) atter eceased alive on | 19 | m 12-19- d that death occurred | | he causes and on | | | | |
| 22a. SIGNATU | RE Legis Klin. | in | M.D. ATTENDING | | STAFF 22b. | DATE SIGNED | 6 | | |
| 22c. PHYSICI NAME (T | | NGS | 22d. ADDRES 57 Gree | s ne St. Cum | berland, M | ld. | | | |
| 23a. BURIAL, CREI REMOVAL (SP BWLLAL) | 1/6/6 6 | Sunset Men | TETERY OR CREMATORY TO rial Park | Cumb | | ryland | State) | | |
| 24. FUNERAL DIR | | ADDRESS | | REC'D BY REGISTRA | R 25b. REGISTRA | AR'S SIGNATURE | | | |
| H. Way | ne George Cumber | cland, Marylo | ind park | N 7 1966 | (Clearly | en Judge | | | |

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| 63089 | | | | | | | 5 | 1 | |
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| VILLEGANY | | HARYLAND | | ALLEGALY | | | | | |
| | | | CUMBERLAND | SV | 15 DA | | 1 | 1/12 1130 | |
| | | 31/4 | 5 5 5 | | | J'.T1 | 920H TAFELT | SHURET | |
| | 36/1-/1 | | o indic | 5H: | 31. | h3 1. 4X | 314 | | |
| | | 75 | 2/11/5 | | | | 3T!H!! | 3 |] [- |
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Patricks Catholic Cem.

Cumberland

e. IS RESIDENCE ON A FARM?

Year

1966

Hours

Cumberland INTERVAL BETWEEN ONSET AND DEATH SUDDEN

WAS AUTOPSY PERFORMED?

NO Y

(State)

and in my opinion

22. DATE SIGNED

(State)

19.

(County)

REGISTRAR'S SIGNATURE

Cumber land.

REC'D BY REGISTRAR

YES

YES

Day

Devs

COUNTRY?

US

NO

VR AISME (5) 5M 1/65

of 2

Burial

24.

FUNERAL DIRECTOR

Jan.

Middle Tank of the State of the 아이트 그 살이 가면 보는 그들이 내 들어요. 그 살아 살 보는 아이는 것 같아. 그렇게 말했다. A CONTRACT OF THE PARTY OF THE of scients, it is to the contact a neval of Scient - Still your Today 12, 1966 A CAR ELECTION OF THE PROPERTY OF THE PARTY the state of the s A significant and the state of FOR STATE

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TO DEPUTY IN MICAL EXAMINER: This certificate should be executed within 24 hours after death. If any conjuir is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1.2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 3 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 1 with the State Board of Health, or its designated agent, prior to burial, cramation, or removal, and in any event within 22 rours after death.

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND E CORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10055 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10054

| COUNTY | 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence bafore admission) |
|--|--|
| Allegany MARYLAND | Maryland b. COUNTY Allegany |
| b. CITY OR TOWN (if Gutside corporata limits, write RURAL end give nearest town) | c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) |
| Rural-Lonaconing | Rural-Lonaconing |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) | d. STREET ADDRESS e, IS RESIDENCE |
| Harpersville | Harpersville YES NOT |
| 3. NAME OF First Middle | Last 4. DATE Month Day Yeer |
| (Type or print) RUTH JANE MCF'S | arlane OF 1/10/1966 19 |
| 1. MORNIES MEARY MORNIES | DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min Hours Hours Min Hours Hours Min Hours Hours Min Hours Hours Hours Min Hours Ho |
| Female White WIDOWED DIVORCED 1 | 7/15/1894 lesy 1/1hday) Months Deys Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIIE | (Ocean) RD. Frostburg, MD. USA |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| William Wellings | Sarah Yates |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 11 | NFORMANT Address |
| (Yes, no, or unkown) (If yas giva war or dates of service) | Paul McFarlane Lonaconing, MD. RD. |
| 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] | INTERVAL BETWEEN |
| PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) PULMONAR | Y EMBOLISM, MASSIVE SUDDEN |
| 260X DUE TO | TEMPORITOR, MASSIVE SUPPEN |
| | TONG AND EDEMA OF TOURD |
| gave rise to immediate cause | |
| | EMITIES, DIABETIC |
| Cause last, (c) | T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19, WAS AUTOPSY |
| E STAN II. OTHER SIGNATIONAL CONTRIBUTION CONTRIBUTION | PERFORMED? |
| Y | YESA NO |
| PRIMARY OF CONTRIBUTING CAUSE OF DEATH. | nter nature of Injury In Pert I or Pert II of item 18.) |
| | CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) |
| Hour e.m. While Not While factor | rry, street, office bldg., etc.) |
| 21. I certify that I took charge of the remains described above, hel | d an AutopsyX, Inspection X, Inquiry X, and in my opinion |
| death resulted from: Natural causes X, Accident , Suici | |
| Accident Line Accident Line States | CHIEF MEDICAL EXAMINER |
| ACTUAL BY A THE TOTAL ACTUAL BY | |
| SIGNATURE Denedict Skitarelic | |
| NAME (Type) Benedict Skitarelic, Cumber | DEPUTY MEDICAL EXAMINER X 1/10/1966 Land Apridios Sirvet, city, town, or county) |
| 228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) | CREMATORY 22d. LOCATION (City, town, or country) (State) |
| Burial 1/13/1966 Memorial Par | rk Frostburg, MD. |
| 23. FUNERAL DIRECTOR ADDRESS | 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE |
| GEORGE EICHHORN Lonaconing, I | ND. JAN 13 1966 filiantes Judge |
| | |

&ROUE. ratheopene - Carro Pulmosanou-France PEURIN DESIGN MILLEN TO SEE WISH TO THE SECOND SECO enulites mailte . W. . L. . minosanol entre of fre The second of th a Chandelist Skilacelie deservices of the state of the column of the state of the The printer of the father than the control of the control of Consider the Long Control of the Con

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Tuneral director, page 3 should be detached for use as the burial-transit permit. Therefore remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

| | MARYLAND STATE DEPARTMENT OF HEALTH | |
|----------|---|---------------|
| DIVISION | OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORI | E 1, MARYLAND |
| 2056 | CERTIFICATE OF DEATH | 00055 |

| 00000 | | 111123 |
|---|---|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived, If institution: Re | sidence before admission) |
| ALTEGANY | e. STATE MARYLAND b. COUNTY AL. | LEGANY |
| b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | c. CITY OR TOWN (If outside corporate limits, write RURAL | |
| CUMBERLAND 13 DAYS | CUMBERIAND 0/-/ | |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) | d. STREET ADDRESS | e. IS RESIDENCE |
| SACRED HEART HOSPITAL | ROUTE 4 BOX 1 | ON A FARM? YES NO X |
| 3. NAME OF First Middle DECEASEO | Last 4. DATE Month | Day Year |
| (Type or print) JOHN J. MI | ILKOWSKI DEATH January | 27 19 66 |
| 1 MARKIED DE METER MARKIED 1 | B. OATE OF BIRTH 9. ACE (In years IF UNOER 1 | |
| MALE WHITE WIDOWEO DIVORCED | June 12, 1897 68 yrs. Months | Oays Hours Min. |
| 10a. USUAL OCCUPATION (Cive kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. Cl | TIZEN OF WHAT |
| Retired Carman Railroad | CO | UNTRY? S.A |
| 13. FATHER'S NAME | 14. MOTHER'S MAIOEN NAME | OA. |
| Andrew Milkowski | Katherine Tylock | |
| | INFORMANT Address | |
| (Yes, no, or unknown) (It yes give war or dates of service) | | |
| | PATIENT'S CHARE | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] | | INTERVAL BETWEEN ONSET AND DEATH |
| PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural hemorrhage | and hematoma | 3 weeks |
| 4201 OUE TO | | |
| Cenditions, If any, which) (b) Unknown causes: pos | sible slight head injury | |
| | s-Stokes attack | |
| underlying cause last. (c) | D TO TORES & TO GOR | |
| | TEO TO THE TERMINAL OISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY |
| Cardiac enlargement; recent (Nov 1965) | concestive feilure & infonction | PERFORMED? |
| 20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCU | RREO. (Enter nature of injury in Part I or Part II of Item 18.) | OH TO IN THE |
| G OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | |
| | CE OF INJURY (Home, farm, 20f. (City or town) (Cour | ity) (State) |
| Hour a.m. While Not While p.m. 19 at work | ry, street, office bldg., etc.) | |
| 21. I certify that (I) (this hospital) attended the deceased from No. | owember 1065 to Ian 27 10 4 | SE that (I) (wa) last |
| saw the deceased alive on January 26, 19 65, and that | | |
| 22a. SICNATURE | 1 22h DA | TE SICNED |
| I DA John Jan Jan | ATTENDING MED. STAFF DIRECTOR PHYS. James | 09 7065 |
| 22c. PHYSICIADIS M.D. M.D. MAME (Type) | PHYS. DIRECTOR PHYS. James | ry 28,1965 |
| Quante (Type) | 1.71 N Washanda St Comband | and Md |
| Wyand F. Doerner, Jr., M.D. 23a. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY | OR CREMATORY 23d, LOCATION (City, town or cour | |
| - REMOVAL (Specify) | 0 1 2 - | |
| Durial Jan. 29, 1966 ISt. Mary's Ce | emetery 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S | SICNATURE |
| James F. Scarpelli, Cumberland, Md. | DATE FEB 1 1966 | 0.00 |
| ~ | DATE | · · |

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Card I. Downer St., M.D. Lill W. Meddenic St., Combartant No.

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and 2 death. hours after death. filled in by the fundaments. Pages 1 in 72 hours after carbon pa within etely ve carb event, compl executed attending physician and rmit. Then please remove, or removal, and in any certificate ned by the attend Il-transit permit. Il, cremation, or r death requires that the attending physician. been signed the burial-trained to to burial, cri as th for use Health this certificate betached for use te Dept. of Health PHYSICIAN: be de State I OIRECTOR: After tage 3 should be defiled with the State ATTENDING retained

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY e. STATE ALFFGANY MARYLAND ALLEGANY MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1h OI DIOWN CUMBERI AND DAY e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADORESS ON A FARM? RT. MEMORIAL HOSPITAL NO A YES Year NAME DE First Middle Last 4. DATE Month Oav DECEASED **JEANETTE** FISIF NEWLON (Type or print) DEATH JAN 19 66 SEX AGE (In years | IF UNOER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE OATE OF BIRTH 9. 7. MARRIED NEVER MARRIEO last birthday) Months | Oavs Hours FEMALE 2-66 WHITE WIDOWED I DIVORCED [12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? INDUSTRY **CUMBERLAND** .S . A MOTHER'S MAJOEN NAME JOHN W. NEWLON Betson ROSALEE 17. INFORMANT 16. SOCIAL SECURITY NO. Address HOSPITAL

10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **OUE TO** CONBENITAL HEART DISPASE Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION 119. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES K NO T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL (County) (State) 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work p.m. ___, that (i) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNEO **ATTENOING** MEO. STAFF PHYS. - 15 DIRECTOR M.D. PHYS. 22C. PHYSICIAN'S 22d. AOORESS NAME (Type) OBERT BRODFII 500 GREENE BENN CUMB, MD NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23b. OATE THEREOF BURIAL, CREMATION, REMOVAL (Specify) 6 Lanc EMOVIE 2,146 Derhana emutin'n 24. FUNERAL DIRECTOR **ADORESS** 25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Memorial umbertano

VR AI5 (4) 20M 1/65

FUNERAL

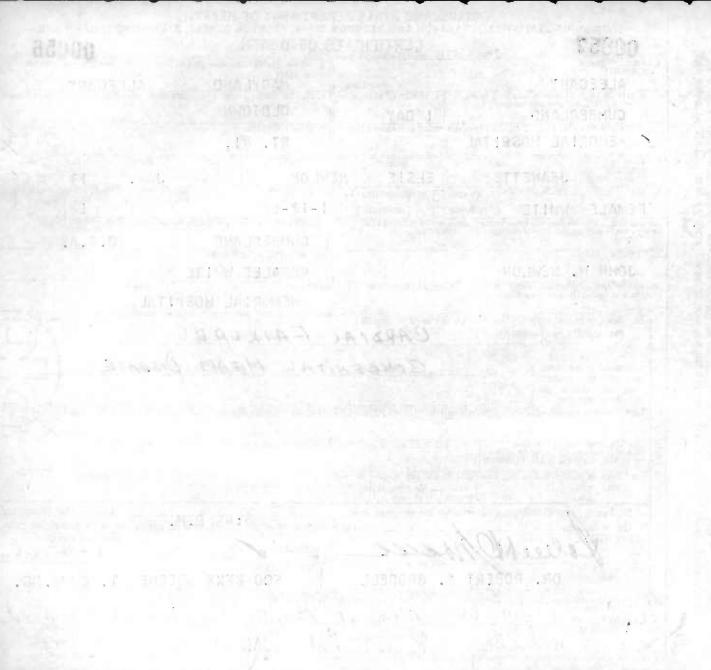
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rage 4 may be retained by the nospital or attending physician.

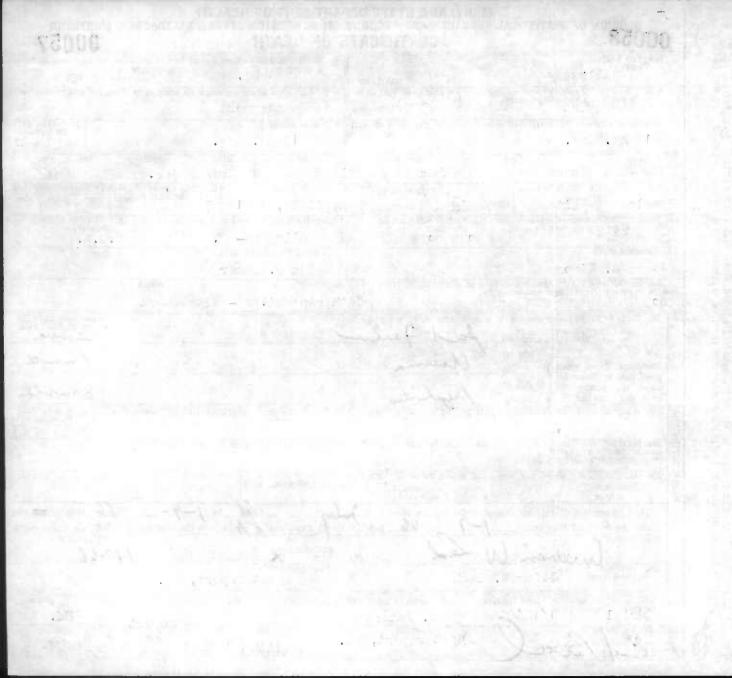
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

() () () 57

| 00000 | CENTIFICATI | L OF DEATH | | | UU | UUL |
|---|--|---|-------------------------|--------------------|-------------------|------------------------------|
| 1. PLACE OF DEATH a. COUNTY Allegany | MARYLAND | | id. | b. COUNTY | Milegan | C. |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If | | te limits, write R | RURAL and giv | ve nearest town) |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in h 419 Md. Ave. | | d. STREET ADDRESS 419 Md. | | | | ON A FARM? |
| 3. NAME OF PIRST PIRST (Type or print) Anna. | Middle Rhea Ni | Last land | 4. DATE OF DEATH | Month Jan. | Day 9 | Year 196 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED White WIDOWED | I HEACH MAKKIED | B. DATE OF BIRTH April 18, 18 | las | t birthday) Mor | nths Days | Hours Min. |
| | IND OF BUSINESS OR NDUSTRY In home | 11. BIRTHPLACE (Co | | oreign country) | COUNTRY U.S.A. | ? |
| 13. FATHER'S NAME | | 14. MOTHER'S MAID | | | | |
| James A. Dixon | | Ida C. | Baker | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) | | THE TIME NILE | and-Weste | Address ernport | | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 5 9 3 X DUE TO | line for (a), (b), and (c). I | d | | | | RVAL BETWEEN ET AND DEATH |
| Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO | helit. | | | | 6. | month |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | UTING TO DEATH BUT NOT RELA | TED TO THE TERMINAL D | DISEASE CONDITI | ON GIVEN IN PAR | | WAS AUTOPSY PERFORMED? |
| | DESCRIBE HOW INJURY OCCU | JRRED. (Enter nature of | Injury In Part I | or Part II of Ite | em 18.) | |
| 20c. TIME OF INJURY Month, Day, Year 20d. I Hour a.m. While p.m. 19 at wor | Not While facto | CE OF INJURY (Home, fa ry, street, office bldg., e | rm, 20f. (City | or town) | (County) | (State) |
| 21. I certify that (I) (this hospital) attends saw the deceased alive on | | t death occurred at | 96 , to /- PAM, from | | d on the dat | |
| 22a. SIGNATURE William W. | Led M.C |). PHYS. | MED. DIRECTOR | STAFF PHYS. | 2b. DATE SI | GNED |
| 22c. PHYSICIAN'S NAME (Type) William W. Les | | | ternport, | | | (0)-1-1 |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 1/12/66 | St. Peters | | | TON (City, town | | (State) |
| 24. FUNERAL DIRECTOR | Westernport, M | DATEA | 1 3 196 | 6 PEL | sirar's sign | udge. |



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

| | MARYLAND STATE DEPARTMENT OF HEALTH | |
|----------|---|-----------------------------|
| DIVISION | OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, | BALTIMORE 1, MARYLAN |
| 0059 | CERTIFICATE OF DEATH | 000 |

| | S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND E OF DEATH ()()()58 |
|--|---|
| 1. PLACE OF DEATH a. COUNTY Allegany MARYLAND | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Allegany |
| b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| Lonaconing d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | Lonaconing d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? |
| 63½ East Main Street | 633 East Main Street YES NO W |
| 3. NAME OF First Middle DECEASED (Type or print) Alexander | Patton 4. DATE Month Day Year Patton DEATH January 12 1966 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED A | 8. DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. last birthday) 10. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 11. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 12. AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. Months Days Months Months |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| County Home Employee | Lonaconing Maryland U.S.A. |
| Alexander Patton | Ella Brown |
| (Yes, no, or unknown) (If yes nive war or dates of service) | INFORMANT Address |
| NO A1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] 15 | ex E.Patton Lonaconing, Md. |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. Conditions, If any, which gave rise to immediate cause (b) UE TO UE TO | nary Occlusion 1/2 hr. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO JRRED. (Enter nature of Injury In Part I or Part II of Item 18.) |
| G OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto at work at work at work at work | CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.) |
| 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19 66, and that | , 1956 to 2, 1966, that (I) (we) last t death occurred at 70 M, from the causes and on the date stated above. |
| 22a. SIGNATURE Sexue 2. Mile . M.D. | ATTENDING MED. STAFF |
| 22c. PHYSICIAN'S NAME (Type) Leslie R. Miles | Lonaconing. MD. |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY | |
| | Id. DATAN 14 1966 filesples Judge |

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| , 5 | - 14 | T/15/1906 4001/61/1 | In: |
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TO FUNERAL GIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physiclan.

| | MARYLAND STATE DEPARTMENT OF HEALTH | |
|--------------------|---|--------------------|
| DIVISION OF STATIS | STICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL | TIMORE 1, MARYLAND |
| 00060 | CERTIFICATE OF DEATH | 00059 |

| 1. PLACE OF DEATH a. COUNTY | a. STATE MARYLAND ALLEGANY ALLEGANY |
|--|--|
| ALLEGANY MARYLAND | |
| b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) | c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) |
| write RURAL and give nearest town) 2 DAYS | CUMBERLAND 0/-/ |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | d. STREET ADDRESS 0. IS RESIDENCE ON A FARM? |
| MEMORIAL HOSPITAL | 5192 MEMORIAL AVE. YES NO |
| 3. NAME DF First Middle DECEASED | Last 4. DATE Month Day Year |
| (Type or print) LILLIE PEARL | PERRIN DEATH JAN. 26 1966 |
| / WARTED NEVER WARTED A | B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. A 14 C Months Days Hours Min. |
| FEMALE WHITE WIDOWED DIVORCED | AUG. 3, 1005 80 yrs. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| Retired Registered Nurse. | MARYLAND U.S.A. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| HENRY PERRIN | AMY ROBINETTE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service) | INFORMANT Address |
| No . 214-32-3340 | MEMORIAL HOSPITAL |
| 18. CAUSE OF DEATH [Enter only one cause per tine for (a), (b), and (c).] | INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAUSED BY: Mederite | to the mores Leather |
| 1/1/2 V | and a second |
| Cenditions, If any, which | racip. |
| gave rise to immediate | 4 (0 14 |
| cause (a), stating the DUE TO THE STATE CONTROL OF THE PROPERTY OF THE PROPERT | Cardio consculation many |
| | TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. (VAS AUTOPSY |
| TA CONTRACTOR OF THE CONTRACTO | PERFORMED? |
| C ACCIDENT WAS UNDERD MINO CI I OOF DESCRIPE HOW INHIBN OCCU | |
| G OR CONTRIBUTING CAUSE OF DEATH | RRED. (Enter nature of Injury in Part i or Part II of Item 18.) |
| ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA | CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) |
| Hour a.m. While Not While | ry, street, office bldg., etc.) |
| | 1-24-21926 to 1-26-1966 that (1) (we) last |
| 21. I certify that (I) (this hospital) attended the deceased from 19 count that | |
| saw the deceased ative on 19 40 and that | t death occurred at M, from the causes and on the date stated above. |
| The state of the | ATTENDING MED. STAFF - 1-27 |
| 22c, PHYSICIAN'S | D. PHYS. DIRECTOR PHYS. 1 0 1 0 0 0 1 |
| NAME (Type) DR. W. F. WILLIAMS | 122 S. CENTRE ST. CUMBERLAND, MD. |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY | OR CREMATORY 23d. LOCATION (City, town or county) (State) |
| Burial 1/31/66 Greenmount Co | emetery Cumberland Maryland |
| 24. FUNERAL DIRECTOR ADDRESS | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE |
| Ruth E. Silcox Cumberland, Maryland | 21502 DATE FEB 1 1966 Scharles Judge |
| | ONIE PORT |

VR A15 (4) 20M 1/65

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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| | | | | YLAND STATE | | | | | DE C. III | ADVI AND |
|---------------|--|---|----------------------------------|--|--------|--|------------------------|------------------------|-------------|---|
| | 00001 | N OF STATISTIC | AL RESE | CERTIFIC | | , 301 W. PRESTO | | I, BALTIMO | KE 1, M | 00060 |
| 1. | PLACE OF DEATH | | 154 | MARYLAI | NO | 2. USUAL RESIDEN 9. STATE MARY | ICE (Where dec | b cour | | sidence before admission) |
| | b. CITY OR TOW Write RURAL CUME | N (If outside corporal and give nearest tow RLAND | e limits, n) | c. LENGTH OF STAY IN | V 1b | c. CITY OR TOWN (| TBUBG | porate ilmits, wr | ite RURAL | end give nearest town) |
| | | RIAL HOSP | | ospital, give street edd | ress) | d. STREET AOORESS | | HANIC S | Т. | e. IS RESIDENCE ON A FARM? YES NO |
| 3. | NAME OF DECEASEO (Type or print) | BAB | rst | BOY I | PET | ENBRINK | 4. DATE OF DEATH | | | 0ay Year 66 10 19 65 |
| | MAL E | 6. COLOR OR RACE WHITE | 7. MARRIEO WIOOWED | DIVORCEO | | | 1966 | last birthday) yrs. | Months | Days Hours Min |
| dur | ing most of work | ION (Give kind of work ing life, even if retire | done 10b. K | INO OF BUSINESS OR NDUSTRY | | CUMBERLA | ND , | MD. | U. S | TIZEN OF WHAT UNTRY? |
| 13. | FATHER'S NAM | | BRINK | | | 14. MOTHER'S MAI | | HNSON | | |
| 15 (Ye | . WAS OECEASEO | EVER IN U.S. ARMED FO (If yes give war or dates o | RCES? 16. f service) | SOCIAL SECURITY NO. | 17. | MEMOR: | RAL HO | SPITAL | SS | |
| | 776 | ATH WAS CAUSED BY IMMEDIATE CAUSE | (a) | Premat | ur | ily | | | | INTERVAL BETWEEN ONSET AND OFATH 14 /4 /4 |
| 100 | Conditions, If gave rise to cause (a), si underlying caus | Immediate tating the OUE | (b) TO (c) | | | | | | | |
| CERTIFICATION | PART II. OTHER S | SIGNIFICANT CONDITION | | UTING TO OEATH BUT NOT | T RELA | TEO TO THE TERMINAL | OISEASE CON | DITION GIVEN IN | PART 1(a) | 19. WAS AUTOPSY PERFORMEO? YES NO |
| | OR CONTRIBUTI | WAS UNDERLYING DING CAUSE OF DEATIFY MEDICAL EXAMI | TH | OESCRIBE HOW INJURY | occu | RRED. (Enter nature | of Injury in Pe | ert I or Part II o | of Item 18. | |
| MEDICAL | 20c. TIME OF Hour e.r p.i | | Year 20d. While at wor | Not While | factor | CE OF INJURY (Home, ry, street, office bldg., | farm, 20f. | (City or town) | (Cou | nty) (State) |
| | 21. I certification saw the decay the decay and the same control saw the saw t | ty that (I) (this host ceased alive on the ceased alive of the ceased alive on the ceased alive of the ceased alive on the cea | AL PH | led the deceased from 19 5 , and | M.D | ATTENDING NPHYS. 22d. ADDRESS 1 1 2 | MEO. OIRECTOR [| STAFF PHYS. RD ST. | CUMBE | , that (I) (we) last the date stated above. TE SIGNED 66 ERL AND, No. |
| 238 | Buria. | Jan.1 | 1,1966 | Porter C | | eterv | | ostburg | 1 | nty) (State) Maryland S SIGNATURE |
| | HAFER F | UNERAL HO | ME 6 | FROSTBU W. MAIN | RC | , MD . oatel | V 14 18 | 366 gc | 'unrelex | Judge |
| | 6 - | -1688 | 44 | | | | | | | |

VR AI5 (4) 20M 1/65

88n00 OMALYMAN THE HES. LENS TO THE MOST SHEET. SE W. MECHANIC ST. new persuefilm: Law law. 10 TELEVISION OF THE MESSAGE TIME E. JOHNSON-DELLEGATE HOSPIEL The state of the same of the 12 DECEMBER ST. CHROERLAND, M. dulyant random to you the agent bitter. and in the first of the same and the same executed within 24 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| 0008 | 2 | CERTIFICAT | E UF DEATH | | 11000 | |
|---------------------------------------|--|--------------------------------------|---|---|-------------------------------|--|
| 1. PLACE OF D | EATH | | | CE (Where deceased lived, If institution: | Residence before admission) | |
| ALL | EGANY | MARYLAND | a. STATEMARY | LAND B. COUNTY ALLEG | ANY | |
| b. CITY DR | TOWN (if outside corporate limits, RAL and give nearest town) | c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If | outside corporate limits, write RURA | | |
| CL | MBERLAND | 45 DAYS | CU | IMBERLAND 0/- | / | |
| | HOSPITAL OR INSTITUTION (if not in | hospital, give street address) | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? | |
| | HAL HOSPITAL | | 9 RACE | | YES NO | |
| 3. NAME DF DECEASED (Type or pr | | | Last | 4. DATE Month DF DEATH JAN. 16 | Day Year 19 66 | |
| 5. SEX | 6. COLOR OR RACE 7. MARRIE | NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In years IF UNDE | R 1 YEAR IF UNDER 24 HRS. | |
| F | WHITE WIDDWEI | | 3/8/16 | Months yrs. | | |
| during most of | | KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Co | | CITIZEN OF WHAT COUNTRY? | |
| | asewife Or | wn Home | ALLEGA | | USA. | |
| | 0.51.4 | | DANBY-T | | e Danahy | |
| - | DE | dford S. SDCIAL SECURITYNO. 17. | INFORMANT | Address | - Danany | |
| | vn) (If yes give war or dates of service) | | EMORIAL HO | | LAND. MD. | |
| I 18. CAUSE | DF DEATH [Enter only one cause per | | 1 . 1 | | I INTERVAL BETWEEN | |
| 7,000 | I. DEATH WAS CAUSED BY: | madine | Lailar | | ONSET AND DEATH | |
| 24 | IMMEDIATE CAUSE (a) | 1 | 10000 | | 7 | |
| Conditions. | Conditions, If any, which \ 40 4102 | | | | | |
| gave rise | to Immediate | | 00000 | | - | |
| cause (a), underlying | stating the | | | | | |
| | CAUSO 12ST. (C) IER SIGNIFICANT CONDITIONS CONTRIE | BUTING TO DEATH BUT NOT REL | ATED TO THE TERMINAL O | DISEASE CONDITION GIVEN IN PART 1(a |) 19. WAS AUTDPSY | |
| PART II. OTI | Frocture, n | eck ly | It fen | ner | PERFORMED? YES ND ND | |
| 2Da. ACCID OR CONTRI | ENT WAS UNDERLYING 2Db. BUTING CAUSE DF DEATH NOTIFY MEDICAL EXAMINER) | DESCRIBE HOW INJURY OCC | URRED. (Enter nature of | f injury in Part I or Part II of Item 1 | 8.) | |
| | | till a | Non | 0 | | |
| 2Dc. TIME Hour | | fact | ACE OF INJURY (Home, fa ory, street, office bidg., e | arm, 20f. (City or town) (Co | ounty) (State) | |
| MED | p.m./2/2/1965 at wo | | tome | Comboland ll | R. HO | |
| | ertify that (I) (this hospital) atten- | | 20ce,1 | 965, to 16 /an, 191 | (I) (we) last | |
| | deceased alive on 16 /cm | 1966, and tha | nt death occurred at 1 | | | |
| 22a. SIGN | ATURE | 110 | ATTENDING A | MED. STAFF 22b. | DATE SIGNED | |
| DING. | Kuhu! | M. | D. PHYS. | DIRECTOR PHYS. | Var 66 | |
| NAM | CIÁN'S E (Type) | | 22d. ADDRESS | | | |
| IDR | | | | ENE ST. CUMBERL | AND, MD. | |
| REMOVAL | REMATION, 23b. DATE THEREOF | 23c. NAME OF CEMETER | | 23d. LOCATION (City, town or c | ounty) (State) | |
| Bur: | | Hillcrest Bu | rial Park | Cumberland Ma C'D BY REGISTRAR 25b. REGISTRA | D'S SICNATURE | |
| | . Scarpelli, Cumbe | | 1.6.31 | 26 1966 Achievel | | |
| Cameb P | pour herrra campe | sitanu, nu. | DATE IV | 20 1300 | 1 | |

VR AI5 (4) 20M 1/65

10386 CONTRACTOR OF DAYS CONTRACTOR FACE ST. MARGARET FLUTCHER Wit all b .w 2 U CMmLTReh . 00 Ymmascles DENNY THEFTE ACTION VINE MEMORIAL HOSPITAL, TOURBERLAND, MI. DR. ROBERT FEDEIS ST. SUNGERLAND, MD.

Alminate Problems of the Problems of the

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00053

| 1 0000 | 00000 |
|---|---|
| 1. PLACE DF DEATH a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission |
| Allegany | a. STATE Maryland b. COUNTY Allegany |
| b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | |
| Frostburg | Lonaconing 6/-/ |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address | d. STREET ADDRESS 9. IS RESIDENCE |
| Winama Hasnital | Main Street ON A FARM? YES NO NO |
| Miners Hospital 3. NAME OF First Middle | Last 4. DATE Month Day Year |
| DECEASED (Type or print) Elsie | Rankin DEATH January 17 19 66 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 ht. last birthday) Months Days Hours Min. |
| Female White WIDOWED DIVORCED | January 18, 1898 67 yrs. Months Days Hours William |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| House Work Own Home | South Fork, Pa U.S.A. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Charles W. Hoffa | Margaret Young |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unkown) (If yes give war or dates of service) | '. INFORMANT Address |
| W | illiam Rankin Lonaconing, Md. |
| 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] | "Husband" INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subaracros | d hamonbead 7 days |
| 330X DUE TO O | |
| Conditions, If any, which) (b) Palenoscland | de de person lo year |
| gave rise to immediate (| |
| cause (a), stating the | |
| | LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY |
| 1123 | PERFORMED? YES NO X |
| 20a. ACCIDENT WAS UNDERLYING TO 1 20b. DESCRIBE HOW INJURY OC | CURRED. (Enter nature of injury in Part I or Part II of Item 18.) |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | Sources (Enter Material of Impary in Factor of Factor of Street, 200) |
| lo la | LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) |
| Hour a.m. While Not While p.m. 19 at work | tory, street, oncounting, etc., |
| 21. I certify that (I) (this hospital) attended the deceased from_ | 1957, to Jon 12, 1966, that (1) (we) las |
| | nat death occurred at 6 AM, from the causes and on the date stated above |
| 22a. SIGNATURE | 22b. DATE SIGNED |
| Flory (Ton) | A.D. PHYS. DIRECTOR PHYS. D 1.17.66 |
| 22c. PHYSICIAN'S | 22d. ADDRESS |
| NAME (Type) L. R. MILES JR MI |) Jonaconing Md |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETE | RY OR CREMATORY 23d. LOCATION (City, town or county) (State) |
| Burial 1/19/66 Frosthurg | Memorial Park Frostburg Md. |
| 24. FUNERAL DIRECTOR ADDRESS | 111111111111111111111111111111111111111 |
| George Eichhorn Lonaconing | Md. DATEN 19 1956 Chiarles Judge |

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| DIVISION OF STATISTICA | MARYLAND STATE DEPARTMENT OF HEALTH RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH () 0 6 | 30 |
|------------------------|---|--------|
| ACE DE DEATH | 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before ad a. STATE D. COUNTY | im i : |

| | | E DE DEATH | | | | | SIDENCE (W | here deceased lived, | | : Residence | before ad | mission) |
|---|-----------------|---------------------------------|--|-----------------|-----------------------------|-----------------------|---------------|-----------------------|----------------------------|-------------|------------------|----------|
| 1 | a. U | DUNTY | Allegany | | MADVIANO | a. STATE | Marvl | | COUNTY | 4770 | gans | 7 |
| - | b. CI | ITY OR TOW | N (if outside corpora and give nearest tow | te limits, | c. LENGTH OF STAY IN 1 | c. CITY OR TO | | de corporate limi | ts, write RUR | AL and giv | e neares | t town) |
| | | - | coning | •••• | | | Lonac | oning | 01 | -1 | | |
| 1 | d. N. | | | ON (if not In h | ospital, give street addres | s) d. STREET AD | DRESS | .conting | | . 0 | . IS RES | IDENCE |
| | | Stat | e Street | | | | State | Street | | Y | ON A F | NO NO |
| 1 | 3. NAM | E OF | FI | Irst | Middle | Last | | DATE | Month | Day | Yea | ir |
| 1 | | e or print) | Nell | ie | | Rankin | | OFSTH - | mary | 26 | 19 | 66 |
| | 5. SEX | | 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 8. DATE OF BII | RTH | IO ACE (In) | rears IFUND Iday) Month | ER 1 YEAR | | 24 HRS. |
| ı | Fema | ale | White | WIDOWED | 9.6 | JUNE 21 | . 189 | 3 72 | vrs. Month | s Days | Hours | Min. |
| | 10a. USU | AL OCCUPAT | ION (Give kind of working life, even if retire | done 10b. K | IND OF BUSINESS OR | | | k State, or foreign o | | COUNTRY | OF WHAT | |
| 1 | F | House | Wife | | | LONAC | ONING | , MD. | | II.S. | Α. | |
| T | 13. FAT | THER'S NAM | E | | | 14. MOTHER | 'S MAIOEN N | AME | | | | |
| 1 | | | John The | omas | | 0 | ra Tho | omas | | | | |
| 1 | | | EVER IN U.S. ARMED FO | ORCES? 16. | SOCIAL SECURITY NO. 17 | . INFORMANT | | | Address | | | |
| 1 | (Tes, no, | or unkown) | (If yes give war or dates o | | None M | Talan | (1)1 | | Lonac | onin | g, I | Id. |
| 2 | 1 18. | CAUSE DE | DEATH [Enter only on | | ine for (a), (b), and (c). | rs.John | SKOCK | Daughte | 1 | INTER | RVAL BE | TWEEN |
| 1 | | | ATH WAS CAUSED BY | · \^ | | 1 . A. O | | Daugnoe | 11 | ONSI | ET AND I | DEATH |
| 1 | 1 | 120 | IMMEDIATE CAUSE | (a) | myocardia | Y 44C | nom | EC | | | - 01 | 45 |
| 1 | | T LO | DUE | TO \ | - 10 + | 1110 | | | | 140 | and | 1 |
| | | ditions, if | | (b) lile | mosclere | CNG |)CASCU. | | - | -7 | | 7 |
| | caus | se (a), st | ating the OUE | TO | | | | | | 1 | | |
| 1 | | erlying caus | | (c) | | | | | | (-) (10 | WAS All | TODOV |
| 1 | PAR | T II. OTHER S | SICNIFICANT CONDITI | ONSCONTRIBL | UTING TO DEATH BUT NOT RI | ELATED TO THE TER | MINAL DISEA | SECONDITION GIV | EN IN PART 1 | (a) 19. | WAS AU PERFOR | MED? |
| 1 | ê | | | | | | | | | YES | s 📗 | NO V |
| | o OR 0 | CONTRIBUTI | WAS UNDERLYING TO NG CAUSE OF DEA TIFY MEDICAL EXAMI | TH | OESCRIBE HOW INJURY OF | CURRED. (Enter n | ature of Inju | y in Part I or Pa | t II of Item | 18.) | | |
| | | | INJURY Month, Oay, | | NJURY OCCURRED 20e. F | LACE OF INJURY | Home, farm, I | 20f. (City or to | wn) (| County) | (5 | State) |
| | WEDICAL 20c. | Hour a.n | | While | Not While fac | ctory, street, office | | | | | | |
| | | p.r | | at worl | | | - j | 3 | - | 11 | | |
| | 2 | 21. I certif | y that (I) (this hos | pital) attend | led the deceased from_ | | , 19-5 | 1 to Jen | , | | | |
| П | | | ceased alive on | Jan | 15 19 66, and t | hat death occurr | ed at 4p | M, from the ca | | | | above. |
| 4 | 22a. | . SIGNATU | RE | 0 | 2 | ATTENOING | MED. | STAFF | 226. | DATE SIG | INED / | |
| | | 6 | Mome | les | (TWI) | A.O. PHYS. | OIREC | | | 110 | 66 | |
| | 22c. | NAME (T) | (Pe) L.R. M | ILES | JR M.D | 22d. ADDI | NACO | NING | | N | ND | |
| | 23a. BU | JRIAL, CREM | IATION, 23b. DATE | THEREOF | 23c. NAME OF CEMETI | RY OR CREMATOR | Y 2 | 3d. LOCATION (C | ity, town or | county) | (St | ate) |
| | RE | JRIAL, CREMEMOVAL (Spe Urial | oclfy) 7/20 | 1/66 | Laurel Hi | 11 Cemet | eru | Moscow | 7 | Ma | | |
| | | NERAL DIRE | | 7.00 | ADDRESS | 1 2 | Sa. REC'O B | Y REGISTRAR 25 | | AR'S SIGN | ATURE | |
|) | Ge | eorge | Eichhorn | 1 | Lonaconin | g. Md. | ATE EB | 1 1966 | yclio | res | udg | L |

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET 201 W PRESTON STREET RAITIMORE

| | 00065 | | . KLOLAI | CERTIF | ICATI | OF DEA | | LI, DALI | IMORE I, | 0(| 006\$ |
|------------------|--|---|--------------------------------|---------------------------------|---------------------|--|----------------------------|-----------------------|---|----------------------|-------------------------------|
| 1. | PLACE OF DEAT a. COUNTY ALLE | GANY | | MAI | RYLAND | a. MARY | | | If Institution: | | before admission |
| | CUMB | /N (If outside corporate I , and give nearest town) ERLAND | | c. LENGTH OF ST 2 DA | YS | c. CITY OR TOWN | RLAND | orporate Ilmi | ts, write RURA | / | |
| | MEMO | RIAL HOSPI | | pitai, give street | address) | d. STREET ADDRE | | IAMS | ROAD | | ON A FARM? |
| 3. | NAME DF DECEASED (Type or print) | First | ORGE | Middle | RAVI | Last ENS CROF T | 4. DAT | | Month | Day | Year 1966 |
| 5. lOa lur | MALE | 6. COLOR OR RACE 7. WHITE TION (Give kind of work don king life, even if retired) | MARRIED WIDOWED E 10b. KIN IND | | IED 8 | | 909 (County & Sta | 9. AGE (In last birth | years IF UNDE hday) Months yrs. 12. | Days CITIZEN COUNTRY | Hours Min. |
| | | UMBUS RAVE | | F T | NO 117 | 14. MOTHER'S N | AIDEN NAME | nnie) | Address | | |
| | yes yes | (If yes give war or dates of see War II DEATH [Enter only one co | ^{vice)} 217 | 7-09-241 | 1 1 | MEMORIAL | HOSPI | | CUMBERI | | , MD . |
| | Conditions, If gave rise to cause (a), s | immediate that DUE TO see last. | He Bl. | morch cedning | Es. | phages enhouse | | nie | | | ET AND DEATH |
| KIIFICATION | 2Da ACCIDENT | SIGNIFICANT CONDITIONS WAS UNDERLYING ING CAUSE OF DEATH | 1 20b. DF | | | TED TO THE TERMIN | | | | YES | WAS AUTOPSY PERFORMED? |
| MEDICAL CE | 2Dc. TIME OF Hour a. | ING CAUSE OF DEATH TIFY MEDICAL EXAMINER INJURY Month, Day, Yea m. 19 | | URY OCCURRED Not While at work | 20e. PLAC factor | CE OF INJURY (Hom y, street, office bld | e, farm, 20f. g., etc.) | (City or to | wn) (C | ounty) | (State) |
| | | fy that (I) (this hospital | i) attended | the deceased 19 | , and that | death occurred | MED. | from the ca | auses and on | , | at (I) (we) lase stated above |
| | 22c. PHYSICI NAME (T | ype) LEO H. | LEY | 8 | M.D | 22d. ADDRES | I. CEN | TRE S | | | AND, MC |
| 23a | BURIAL, CREI | Jan.20 | | 23c. NAME OF Sunset | | rial Park | | mberla | and Ma • | | (State) |
| 44 | | . Scarpelli | , Cumb | | Md. | pátě | 1 | 966 | Alliand | | sge. |

VR A15 (4) 20M 1/65

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CURD SRIAND 2 DAYS

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MEYSER, MAYOR RECYCLE

MEYOFIA: ROSPI NAL, CURE TEND. 101.

ASS A. COUNTY ST., C. - ELRI AND, M.S.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| - 00086 | CERTIFICATE | OF DEALE | | | 001 | UU |
|---|------------------------------|--|------------------------|------------------|-------------------------|-------------------|
| 1. PLACE OF DEATH | | 2. USUAL RESIDEN | CE (Where decease | | | before admission) |
| a. COUNTY | | a. STATE | 4110 | ALLE | GANY | |
| ALLEGANY | c. LENGTH OF STAY IN 1b | c. CITY DR TOWN (I | ANU | | | e nearest town) |
| b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | | | | ito minto, mito | / | |
| CUMBERLAND | 26DAYS | CUMBER | | 01 | - / | |
| d. NAME DF HOSPITAL OR INSTITUTION (if not in ho | spital, give street address) | d. STREET ADDRESS | | | Θ. | ON A FARM? |
| MEMORIAL HSOPITAL | | 224 WASH | | ST. | | ES NO X |
| 3. NAME OF DECEASED (Type or print) First ELIZABET | Houghton H . RICHAR | DSON | 4. DATE DF DEATH | JAN 2 | 9. Day | Year 19 66 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED 1 8 | . DATE OF BIRTH | 9. AC | | | IF UNDER 24 HRS |
| FEMALE WHITE WIDOWED | OIVORCED | 1/12/15 | la | 5 yrs. | onths Days | Hours Min. |
| 1Da. USUAL OCCUPATION (Cive kind of work done 1Db. Ki during most of working life, even if retired) [N | ND DF BUSINESS OR IDUSTRY | 11. BIRTHPLACE (C | county & State, or f | foreign country) | 12. CITIZEN C | OF WHAT |
| | ication | Arkansas | CityKANS | AS | U.S.A | |
| 13. FATHER'S NAME | | 14. MOTHER'S MAI | DEN NAME | | | 0 |
| FREDERICK GOULD | | HELEN T | OPLIFF | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. | SOCIAL SECURITY NO. 17. | INFORMANT | H M Pi | chards or | 224 Wa | shinato |
| (Yes, no, or unknown) (If yes give war or dates of service) | 17-12-9731 MR | MORIAL HO | SPITAL | | RLAND. | MD. S. |
| 1 18. CAUSE DF DEATH (Enter only one cause per l) | ne for (a), (b), and (c), l | | | | INTER | RVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY: | 14 14 6 2 - | / | 74. 1 | / | ONSE | ET AND DEATH |
| 200 2MMEDIATE CAUSE (a) | XMONO-U | at | vien | ary N | un g | all |
| DUE TO | V , / | 1 11 | 00 | (11 | 11 2 | 111 |
| Conditions, If any, which (b) | ipractair | cellas 6 | Maria | 35 -16 | 10 | 101 |
| gave rise to immediate cause (a), stating the DUE TO | | | 1 | | | |
| underlying cause last. (c) | | |) | | | |
| | TINC TO DEATH BUT NOT RELA | TED TO THE TERMINAL | DISEASE CONDIT | ION CIVEN IN PAI | RT 1(a) 19. | WAS AUTOPSY |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED 202. ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | | YE | PERFORMED? |
| 20a. ACCIDENT WAS UNDERLYING 20b. D | DESCRIBE HOW INJURY DCCU | DRED (Enter nature o | f Intury In Part | or Part II of It | | s de la |
| OR CONTRIBUTING CAUSE OF DEATH | COCKIDE HOW INJUNI DOGO | KKED. (Eliter liature c | n mjury m rait i | or tall it of it | .em 10.) | |
| | | | | | | |
| 3 20c. TIME DF INJURY Month, Day, Year 20d. If | facto | CE OF INJURY (Home, f ry, street, office bldg., | arm, 2Df. (CIty | y or town) | (County) | (State) |
| ZOC. TIME DF INJURY Month, Day, Year 20d. IN Hour a.m. While at work | MOT WHITE | , , / . | , | | | |
| 21. I certify that (I) (this hospital) attended | 1 | 201961, | 9, to{ | - 29- | 1966, th | at (I) (we) last |
| saw the deceased alive on /-, 2- | 19 QQ and that | death occurred at | 40AMbm | the causes an | d on the date | e stated above |
| 22a. SICNATURE | | | | | 22b. DATE SIG | INED |
| March Mills | caus M.D | ATTENDING PHYS. | MED. | STAFF PHYS. | 1-31 | 0-106 |
| 22C. PHYSICIAN'S | | 22d. ADDRESS | | | | 441 |
| NAME (Type) | | 122 S.CE | NTRE ST | . CUMB | ERLAND | , MD. |
| 23a. BURIAL, CREMATION, 23b. DATE THEREOF | 1 23c. NAME OF CEMETERY | OR CREMATORY | 1 23d 100A1 | ION (City, town | or county) | (State) |
| REMOVAL (Specify) | | | | | 0 | , |
| Burial 2/1/66 | Rose Hill Co | | | perland, | Maryka STRAR'S SIGNA | |
| 24. FUNERAL DIRECTOR | ADDRESS | 25a. RE | C'D BY RECISTR | 13575 1 | reles lus | Lak |
| H. Wayne George Cumberl | land, Maryland | DATE | 4 1966 | | 0 | 0 |

8 6 4 60

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENBING PHYSICIAN: The law requires that the death certificates Page 4 may be retained by the hospital or attending physician.

VR AI5 (4) 20M 1/65

| adous | | | | g- v · = |
|--------------------|------------------------|---------------|-------------|-------------|
| | | | | g*- 3* |
| ATT ATT ATT | THAIYSAH | | | ALLEGANY |
| | OMALKI BRMUS | EVA 48 | 0 | MAJREETLAN |
| X | 224-WASHINGTON | | Har I 90 EH | JABOOGS |
| JAN 23, | IARDSON | | ELIZABET | |
| | 21/21/1 | | WELTE - | ELMANIE |
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| | and several substances | | 0_000 | No la rendu |
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| | Made A Market | | | |
| Market Mar. | | The same of | WELL A | |
| T. CUMTERLAND, MO. | 1 301930.2 121 | | SMILLLIAMS | DR. W.F. |
| e program, assegne | | | | The same |
| | | A THE QUALITY | | H. EDGIEL |

FOR HEALTH

TO DEPUTY MEU EXAMINER. This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. GiverPages 1, 2, and 3 to funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. 20

| STATE | di a | | Divis | | | ARCH AND RECOR | | | | | 1, MARYL | AND 1066 |
|---|------|---|--|---|-------------------------|--|---|----------------------------|---------------------------|-----------------------------|-------------------------------|--------------------------------|
| DEPT | 7 | 1. | PLACE OF DEAT a. COUNTY | H Allegany | | MARYLAN | a. STATE | Mary] | | lived, If Institu | | e before admission) |
| Department after death. | | | Cumber | | | c. LENGTH OF STAY IN | | | side corporete perland | | RURAL and g | ive nearest town) |
| State Der | 50 | | d. NAME OF HO | Memorial I | | ospital, give street eddre | d. STREET AOC | | + Virgi | nia Av | re. | ON A FARM? |
| the 72 | | 3. | NAME OF DECEASED (Type or print) | | rst Emma | Middle K | Lest Rinehar | 4. | | Month Jar | Dey | y Year |
| 2 with within | | | SEX Female | 6. COLOR OR RACE White | 7. MARRIED WIDOWED | NEVER MARRIED OIVORCED | 8. DATE OF BIR | TH 1921 | 44 last | (In years IF birthdey) M | HNDED 1 VEAR | Hours Min. |
| pages 1 and 2 | | 10e dur | ing most of worl | TION (Give kind of work king life, even if retire ry Worker | done 10b. K | IND OF BUSINESS DR NDUSTRY extile | 11. BIRTHPL | mber | Land, M | | 12. CITIZEN COUNTR US A | Y? |
| e pages id in an | | 13. | FATHER'S NAM | James Rubl | Le | | 14. MOTHER'S | MAIDEN I | NAME Asbaugh | | | |
| permit. File removal, and | | (Ye | WAS DECEASED s, no, or unkown) | EVER IN U.S. ARMED FO (If yes give war or dates o | RCES? 16. f service) | | 7. INFORMANT Ir. James | Ruble | , Cumb | Address erland | l, Md. | |
| sit perr | | 1 18. CAUSE OF DEATH [Enter only one cause per line for (a) (b) and (c)] | | | | | | | | | INTI 203 | ERVAL BETWEEN SET AND DEATH |
| a burial-transit, cremation, or | ٧ | | Gonditions, If gave rise to cause (a), s | eny, which Immediate | TO (b) | Severe B | urns and | Inhal | ation | | 1 | 4 Days |
| used as a to burial, c | 0 | VION | underlying cau | se lest. | (c) | UTING TO DEATH BUT NOT F | ELATED TO THE TERM | TINAL DISE | ASECONDITION | GIVEN IN PA | | . WAS AUTOPSY PERFORMED? |
| 3 should be us agent, prior to | | CERTIFICATION | 20a. EXTERNA PRIMARY OF CAUSE OF DEA | L CAUSE WAS CONTRIBUTING [] | | DESCRIBE HOW INJURY OF | | | | r Part II of I | | ES ND D |
| ge 3 sho | 1 | MEDICAL | | m.Dec.31 15 | | NJURY OCCURRED 20e. Not While for at work | PLACE DF INJURY (Ho actory, street, office b Home | ome, farm, oldg., etc.) | | | (County) Allega | ny, Md. |
| TO FUNERAL DIRECTOR: Page of Health or its designated | | | | | | nains described above, Accident , | Suicide, H | omicide | | , Inquiry termined m | | d in my ppinion |
| L DIREC or its | 1 | | ACTUAL SIGNATURE | Benedi | ctx | Skitarel | N.O. ASSISTAN | NT MEDICA | AMINER [| □ j | an. 12 | 2. DATE SIGNED |
| UNERA | 4 | 23a | BURIAL, CREM | MATION, 23b. DATE 1 | | tarelic, M. | D. Address | (Street, cl | ty, town, or co | | | berland (State) |
| 10 | 18 | | REMOVAL (SP Burial FUNERAL DIR | Jan.1 | 5,1966 | Hillcrest | Burial Pa | rk a. REC'D | Cumber BY REGISTRAR | land, | Md . | NATURE |

24. FUNERAL DIRECTOR ADDRESS

James F. Scarpelli, Cumberland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after ceath.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W PRESTON STREET BALTIMORE 1

| | 0006 | | CERTIFICAT | | | , BALTIMORI | () | 0067 |
|---|--|---|--|--|------------------------|--------------------------------------|---------------------|-----------------------------------|
| | 1. PLACE OF C a. COUNTY | ALLEGANY | MARYLAND | 2. USUAL RESIDEN a. STATE MARYL | | ased lived, If institution b. COUNTY | | |
| | d. NAME OI | | not in hospital, give street address | d. STREET ADDRESS | BERLAN | D | 01-1 | IS RESIDENCE ON A FARM? |
| 2 | 3. NAME OF | MORIAL HOSPITA | Middle | Last | | Month | Day | Year |
| | DECEASED (Type or pr | 141.01.0 | M. | ROWAN | 4. DATE DF DEATH | JANUAR | | 1966 |
| 1 | 5. SEX | 6. COLOR OR RACE 7. M | ARRIED NEVER MARRIED | 8. DATE OF BIRTH | 9. | AGE (In years IF last birthday) M | LINDER 1 YEAR | FUNDER 24 HRS. |
| | FEMALI | | DOWED DIVORCED | 6-17-18 | 99 | 66 yrs. | onths Days | Hours Min. |
| 1 | 10a. USUAL OCC during most of HOUSE | UPATION (Give kind of work done working life, even If retired) | 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME | CUMBERLAN | | | 12. CITIZEN COUNTRY | ? |
| | 13. FATHER'S | NAME | | 14. MOTHER'S MAI | DEN NAME | | | |
| | | CLARENCE SPID | | JEN | NIE BO | YER | | |
| 1 | (Yes, no, or unko | SED EVER IN U.S. ARMED FORCES wn) (If yes give war or dates of service) | ? 16. SOCIAL SECURITY NO. 17. | INFORMANT | | Address | | |
| | no | | | MEMORIAL | HOSPIT | AL, CUM | BERLANI | |
| 1 | The second secon | E OF DEATH [Enter only one caused in DEATH WAS CAUSED BY: | se per line for (a), (b), and (c). | Carlie. | 10 | 2 | | T AND DEATH |
| | 42 | IMMEDIATE CAUSE (a) | oronary | Con | of me | recy | 0 2 | - |
| | Conditions, | If any, which DUE TO | osana | 3 dele | Ira | ring | | |
| | cause (a) | to immediate DUE TO | | | | | | |
| | | / (0/ | ONTRIBUTING TO DEATH BUT NOT REL | ATED TO THE TERMINAL | DISEASE COND | ITION GIVEN IN A | RT 1(a) 19. | WAS AUTOPSY PERFORMED? |
| | OR CONTRI | ENT WAS UNDERLYING BUTING CAUSE OF DEATH | 206. DESCRIBE HOW INJURY OCC | CURRED. (Enter nature of | of injury in Par | rt or Part II of I | | NO S |
| | | , NOTIFY MEDICAL EXAMINER) OF INJURY Month, Day, Year I | 20d. INJURY OCCURRED 120e. PL | AGE OF HUMBY ALL | | NA. on Anum | (County) | (State) |
| | 0 | a.m. p.m. 19 | | ACE OF INJURY (Home, it fory, street, office bldg., | etc.) | ity or town) | Eller | Mal |
| | 70.5 | ertify that (1) (this hospital) | attended the deceased from | 1/2/60, 1 at death occurred at | 4:35 AM | m the causes an | 7,- | at-(I) (we) last stated above. |
| | 28a. SIGN | | | ATTENDING | MED. | STAFF | 22b. DATE SIG | |
| | 220. PHYS | MIAN'S | munis | D. PHYS. 22d. ADDRESS | DIRECTOR | PHYS. | 17 | |
| | NAM | E (Type) DR. R. J. | WILLIAMS | 122 | S. CEN | TRE ST. | | |
| | 23a. BURIAL, C | CREMATION, 23b. DATE THERE (Specify) | OF 23c. NAME OF CEMETER | RY OR CREMATORY | 23d. LOC | CATION (City, town | or county) | (State) |
| | Burial | Feb.3,19 | 66 St. Mary's | Cemetery | | rland, N | STRAR'S SIGNA | THE |
| 1 | 24. FUNERAL James | | ADDRESS Cumberland, Md. | 25a. RI | b 7 1 | | iarles & | |
| U | | noar hettt | oumbertand, Md. | DATE - | | 1 | - CON | 7 |

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MEYORIAL HOSPITAL, CUMBERLAND, MS.

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The Commence War . DR. R. J. WILLIAMS ... 122 S. CENTRE ST.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, pemove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

| | MARYLAND STATE DEPARTMENT OF HEALTH | |
|------------------|---|----------------------------|
| DIVISION OF STAT | ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE | 1, MARYLAND |
| 00069 | MARYLAND STATE DEPARTMENT OF HEALTH ISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE CERTIFICATE OF DEATH | 00068 |
| ACE DE DEATH | II O HELIAI DECIDENCE (When decord find it british | lane Davidanas bafaus admi |

| - | 1. | PLACE DF DEATH | 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) | | | | | | | | |
|---|---------------|---|---|--|--|--|--|--|--|--|--|
| 1 | | PLACE OF DEATH a. COUNTY ALLEGANY MARYLAND | a. STATE MARYLAND b. COUNTY ALLEGA | VIV | | | | | | | |
| 1 | | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | c. CITY OR TOWN (If outside corporate limits, write RURAL a | 1171 | | | | | | | |
| 1 | | | CUMBERLAND | 01.1 | | | | | | | |
| 1 | - | CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) | d. STREET ADDRESS | e. IS RESIDENCE | | | | | | | |
| | 1 | MEMORIAL HOSPITAL, MEMORIAL AVE. | 406 YORK ST. | ON A FARM? YES NO TO | | | | | | | |
| | 3. | NAME DF First Middle | Last 4. DATE Month | Day Year | | | | | | | |
| | | DECEASED (Type or print) MR, GEORGE P. SCHADE | OF DEATH JAN | 2 19 66 | | | | | | | |
| 1 | 5. | 1. MARKIED MEACH MARKIED | B. DATE OF BIRTH 9. AGE (In years IFUNDER 1 last birthday) Months I | YEAR IF UNDER 24 HRS. Days Hours Min. | | | | | | | |
| 1 | | M WHITE WIDOWEDX DIVORCED | 11/30/93 72 yrs. | Days Hours Min. | | | | | | | |
| - | 10a. | . USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CIT | IZEN OF WHAT | | | | | | | |
| | 4411 | Retired Carpenter Self Employed | MARYLAND -CUMBERLAND | J.S.A. | | | | | | | |
| 1 | 13. | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | | | | | | |
| | | HENRY SCHADE | ANNA B. MAHAN | | | | | | | | |
| | 15. | WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. | INFORMANT Address | | | | | | | | |
| | (16: | no 214-05-9062 ME | MORIAL HOSPITAL, CUMBERLAN | ND, MD. | | | | | | | |
| | 1 | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). | 4 | INTERVAL BETWEEN | | | | | | | |
| 1 | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH | | | | | | | | | |
| | | 260 X DUE TO 1 000 1 | | | | | | | | | |
| 1 | | Conditions, If any, which) in for Could al Harmonshore 6 days | | | | | | | | | |
| | | gave rise to immediate cause (a), stating the DUE TO | 0-110-1 | , , , | | | | | | | |
| | _ | underlying cause last. (c) Lubettes | Melletus | cogn | | | | | | | |
| 1 | 100 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? | | | | | | | | | |
| | CA | | | YES NO | | | | | | | |
| | CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING DATH CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | RRED. (Enter nature of injury in Part I or Part II of Item 18.) | | | | | | | | |
| | | | | | | | | | | | |
| | MEDICAL | factor | CE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bldg., etc.) | ity) (State) | | | | | | | |
| 1 | ME | p.m. 19 While at work at work | | | | | | | | | |
| | | 21. I certify that (I) (this hospital) attended the deceased from | 1959, to 2, 1960 | that (I) (we) last | | | | | | | |
| 1 | | saw the deceased alive on 19 66, and that | | | | | | | | | |
| | | 22a. SIGNATURE | 22b. DA | TE SIGNED | | | | | | | |
| 1 | | Claryl. Sourcett M.D. | | 166 | | | | | | | |
| 1 | | 22c. PHYSICIAN'S NAME (Type) | 22d. ADDRESS | | | | | | | | |
| | | DR. CLAY DURRETT | VIRGINIA AVE. CUMBERLAN | ND, MD. | | | | | | | |
| | 23a. | BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) | OR CREMATORY 23d. LOCATION (City, town or coun | nty) (State) | | | | | | | |
| | | Burial Jan. 5.1966 Greenmount C | emetery Cumberland, Md. | | | | | | | | |
| 1 | 24. | FUNERAL DIRECTOR ADDRESS | 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S | | | | | | | | |
| 3 | | James F. Scarpellik Cumberland, Md. | DATEAN 7 1966 Schanle | Judge | | | | | | | |

VR AI5 (4) 20M I/65

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|-----------|------------------|---------------------------|--------------------|
| WHITE AND | диадудан | | YMANE LIA |
| | | | DAY JACKET IN |
| | | | MENORIAL HEEPITAL, |
| | AL . | DESCRIPTION OF THE SCHADE | 50 (1) |
| | F6/38,71 | | STIME M |
| | | | |
| | HISTORY .S. ATHA | | HEKRY SCHADE |
| Sec. 15 | 27-24-27 | and the second | |
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| | 00070 | | | CERTIFICA | TE OF DEATH | 1 | | UUUU | 3 |
|---------------|---|--|----------------------------------|------------------------------------|---|---|--|----------------|-------------------------|
| 1. | PLACE OF DEAT a. COUNTY ALLE b. CITY OR TOW | SANY | e limits | MARYLAND | a. STATE PENNS | CE (Where deceased I | b. COUNTY BEDF | ORD | |
| | | N (If outside corporate and give nearest tow ERLAND | n) | 4 DAYS | HYND | | 75 - | 3 | |
| | d. NAME OF HO | | | nospital, give street address | d. STREET ADDRESS | | | | FARM? |
| 3. | NAME OF | Fin | | Middle | Last | 4. DATE | Month | Day Yes | NO 🛂 |
| ٥. | DECEASED (Type or print) | MARY | St | Middle M • | SCHUHWERK | 4. DATE DF DEATH | JAN. | 1019 | |
| 5. | FEMALE | 6. COLOR OR RACE | 7. MARRIED WIDOWED | | 8. DATE OF BIRTH SEPT. 2, | 1880 85t | (In years IF UNDEr birthday) Months | Days Hours | |
| 10a dur | I. USUAL OCCUPATION MOST OF WORK | ION (Give kind of work) Ing life, even if retired OUSOWife | done 10b. F | CIND OF BUSINESS OR INDUSTRY | MT. SAV | Ounty & State, or ford | | CITIZEN OF WHA | T |
| 13. | FATHER'S NAM | | | | 14. MOTHER'S MAI | DEN NAME | | | |
| | GEORGE | EWITT | | | | MARTHA | | | |
| 15 (Ye | s, po, or unkown) | EVER IN U.S. ARMED FO (If yes give war or dates of | RCES? 16. | . SOCIAL SECURITY NO. 17 | MEMORI | AL HOSP | Address | | |
| | | DEATH [Enter only one EATH WAS CAUSED BY IMMEDIATE CAUSE | 7 | line for (a), (b), and (c).] | Corkial | failn | 10 | ONSET AND | DEATH |
| | Conditions, If | | TO A. | S. and Hype | rlessi ar | drovore | ul dise | 5 ye | ens. |
| | gave rise to cause (a), s underlying caus | tating the DUE | TO (c) | // | | | | | |
| CERTIFICATION | w. | | | UTING TO DEATH BUT NOT RE | LATED TO THE TERMINAL | DISEASE CONDITION | NGIVEN IN PART 1(a | | UTOPSY RMED? NO 4 |
| | 20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO | WAS UNDERLYING ☐ ING ☐ CAUSE OF DEA TIFY MEDICAL EXAMIN | TH 1 | DESCRIBE HOW INJURY OC | CURRED. (Enter nature o | f Injury In Part I o | r Part II of Item 1 | 8.) | |
| MEDICAL | Hour a. | iNJURY Month, Day, m. 19 | Year 20d. While at wor | Not While fac | LACE OF INJURY (Home, f story, street, office bldg., c | arm, 20f. (City o | or town) (Co | ounty) | (State) |
| | | fy that (I) (this hosp ceased alive on 10 | | ied the deceased from19 & 4 and th | lo Sm. 1966, pat death occurred at | 9:500 A. | e causes and on | the date state | we) last d above. |
| | 22a. SIGNATU | alfred V | in O. | Im es | ATTENDING I.D. PHYS. | | AFF 22b. | DATE SIGNED | |
| | 22c. PHYSICI NAME (T | DR. W. | A. VAN | ORMER | 22d-24DDR55S | CENTRE : | ST. CUMB | .MD. | |
| 23a | BURIAL, CREM REMOVAL (SO UP1 21 | | | 3.66 Palo A | ry or crematory | | on (City, town or coman, Pa. | ounty) (S | State) |
| | FUNERAL DIR | | reeste | ADDRESS Hyndman | 25a. RE | O'D BY REGISTRAR | | | |
| 1 | - VUUUU | 1 | 7 | - TT TTOWNSTIE | 15.0011 | T 1 | 1 | · /7 - 9 - | |

VR AI5 (4) 20M 1/65

R3906 HYPDRAM, IRE. \$6.0881. 2 .1830.65 MI. SAVECE, Mg. U.S.M. LIVORIAL MOSELIAL Terramond alexe fribure : 3 will A. S. and Angelows Colomorated Stay 5 1100 Yourson to , app love take , c a-The Barres Insert William W. alfred Vin Come LOME THE THE STATE OF THE STATE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| CERTIFICATE OF DEATH 00070 | | |
|--|---|---|
| 1. PLACE OF GEATH a. COUNTY ALLEGANY MARYLAND | | RDY |
| b. CITY OR TOWN (If outside corporate limits, write RUPAL and guardearest town) 28 DAYS | c. CITY OR TOWN (If outside corporate limits, write RURAL a | 3 |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) MEMORIAL HOSPITAL | | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF First Middle CONWAY W. | SCOTT 4. DATE Month OF JANUARY | Day Year 23 19 66 |
| MALE WHITE WIOOWED DIVORCEO | 9-10-100/ 78 yrs. | Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER 10b. KINO OF BUSINESS OR INDUSTRY NOOREFIELD, W. VA. 12. CITIZEN OF WHAT COUNTRY? NOOREFIELD, W. VA. U. S. A. | | |
| DAVID SCOTT 14. MOTHER'S MAIDEN NAME LAURA WILSON | | |
| 15. WAS DECEASED EVER IN U.S. ARMEDFORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) 236-26-4936 MEMORIAL HOSPITAL-CUMBERLAND, MD. | | |
| 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO | batance?. is clerosis, reason bleeding of | INTERVAL BETWEEN ONSET AND DEATH |
| Underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO | | |
| | | |
| 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLA factor 20e. | CE OF INJURY (Home, farm, 20f. (City or town) (Country, street, office bidg., etc.) | ity) (State) |
| 21. I certify that (I) (this hospital) attended the deceased from, 19, that (I) (we) last saw the deceased alive on, 19, and that death occurred at, from the causes and on the date stated above. 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) DR. V. M. VALLS 22d. ADDRESS NAME (Type) DR. V. M. VALLS 113-A S. CENTRE ST., CUMBERLAND, MD | | |
| 23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity, town or county) REMOVAL (Specify) 1-26-1966 Oliver Cemetery or Crematory Mo-otefield - Thereof 24. FUNEBAL DIRECTOR AOORESS | | |
| Exite B. Sterilske Moorefield Hos Jake 1969 Cliantes Jusce | | |

VR AI5 (4) 20M 1/65 *1 .AV.ME YMADB Let CUMBERLAND 28 DAYS MOORESISED MIMORIAL HOSPITAL EX YARMAY STORY STORY X X 37 110 37 110 - 3,000 85 - Vall 1867 - Co. 38

DETIFED FARIER A S. U. S. AV. W. O. IS I REMODILE. TIDDA BINAD

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.M.A.01:0

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY ALLEG-ANY d pe MARYLAND and 2 death. b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) write RURAL and give neerest town) HOUR VALE SUMMIT ${ t FROSTBURG}$ Pages completely filled 72 hours af d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? HOSPITAL YES NO T INERS NAME OF Middla First 4. DATE Month Dev Year DECEASED (Type or print) LOUIS DEATH JOHN 1966 JANUARY carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months Deys WIDOWED DIVORCED 6 physician 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, evan if retired) HELPER GARAGE VALE SUMMIT, MARYLAND U.S.A. 13. FATHER'S NAME aftending JOSEPH HIGGINS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detas of service) has been signed by the MRS. LOUIS SLEEMAN VALE -16-2626 INTERVAL BETWEEN permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). attending physician. ONSET, AND DEATH 70 PART I. DEATH WAS CAUSED BY. time IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which gave rise to immediata causa DUE TO (a), stating the underlying cause last. hospital or certificate PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION 88 9 PERFORMED? NO V 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II or Part II of item 18.) 2Da. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 2Dd. INJURY OCCURRED | 2Da. PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, straet, offica bldg., etc.) Hour a.m. Not While at work at work DIRECTOR: 21. | certify that (|) (this hospital) attended the deceased from ... and that death occurred at//, from the causes and on the date stated above. saw the deceased alive on..... should 22b. DATE 22e. SIGNATURE SIGNED ATTENDING MED STAFF PHYS. DIRECTOR PHYS. FUNERAL HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) rector, 23a. SURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) の音器 .5.1966 MEM. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 HOME, 60

Tro Co TAKUN BELIAN BELIAN MEDE A SINGI A SIN OR GARAGE TOWN THAN THE STATE OF THE STATE O 1216-16-26-26-26 TOTAL STREET, TALL 93/4/1 AR STREET, TO MAKE THE OF 24 hours after death. executed within

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. **D HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate By Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| | COUVS | | | CERTIFICATI | E OF DEATH | | | 00072 |
|-----------------------|---|--|--------------------|---|--|--|---------------------|---|
| 1 | PLACE OF DEATH | ALLEGANY | | MARYLAND | a STATE | E (Where deceased li RYLAND | h COUNTY | Residence before admission |
| 2 | d. NAME OF HOS | | N (if not in i | c. LENGTH OF STAY IN 1b hospital, give street address) | LONOCON d. STREET ADDRESS 2 DOUGLAS | ING | limits, write RURAL | e. IS RESIDENCE ON A FARM? |
| 3 | | Fir | st GARET | Middle P | Last SMITH | 4. DATE OF DEATH | Month 1/6/66 | Day Year |
| 10 do | House 3. FATHER'S NAM | WHITE ION (Give kind of work of life, even if retired Wife | widower 10b. | D DIVORCED KIND OF BUSINESS OR INDUSTRY | 3. DATE OF BIRTH 10/25/92 11. BIRTHPLACE (Collaboration 14. MOTHER'S MAID PATTERNALLY INFORMANT | last by 73 unty & State, or foreign Maryla | yrs. Months 12. C | TYEAR IF UNDER 24 HRS Days Hours Min. ITIZEN OF WHAT DUNTRY? U.S.A. |
| Noi | PART I. DE | ATH WAS CAUSED BY: IMMEDIATE CAUSE DUE any, which Immediate tating the the last. | (a) Coro | line for (a), (b), and (c).1 onary occlusion onary Heart Disc | | | GIVEN IN PART 1(a) | INTERVAL BETWEEN ONSET AND DEATH 1 day 1 years |
| MEDICAL CERTIFICATION | 20c. TIME OF Hour a.m p.r | y that (I) (this hosp ceased alive on 2 | rear 20d. While | e Not While factor at work ded the deceased from | CE OF INJURY (Home, farry, street, office bldg., et | 20f. (City or | town) (Cou | (State) |
| , | 22a. SIGNATUI 22c. PHYSICIA NAME (T) | tega lo | . Bu | Cana a M.D | ATTENDING DO NOT BE TO SERVICE DE LA PHYS. | MED. STA | AFF - 7 6 | -66 |
| | Burial, CREM REMOVAL (Spe Burial 4. FUNERAL DIRE George | eclfy) 7/d/ | 66 | 23c. NAME OF CEMETERY Memorial P. ADDRESS Lonaconing, | ark | Frost O BY REGISTRAR 1 0 1966 | | Md 'S SIGNATURE |

VR A15 (4) 20M 1/65

TO HOSPITAL

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M George Elchhorm Donaconing, Md.

E.ALUT . BY

b. COUNTY Allegany c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) e. IS RESIDENCE ON A FARM? 267 Williams Street NO X Month Day Year January 19 66 AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS lest birthdey) Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Nellie V. McBee Address 267 Williams St Cumberland, Md INTERVAL BETWEEN ONSET AND DEATH Sudden ---PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? 19. YES NO E 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 20f. (City or town) (County) (State) Inquiry X and In my opinion Undetermined manner 22. DATE SIGNED Jan 24,66 23d. LOCATION (City, town or county) (State) Marvlan d Cumberland Burial FUNERAL DIRECTOR Hillcrest Burial REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Cumberland Maryland 21502 Ruth E. Silcox

VR ALSME (5) 1/65

THE THE TYPE OF THE TAX TO THE TA , 110 Total Land Human Carrier The state of the s The state of the s Bu diet Shiturelie Z-11 An Ibula kilma in I cally offer and until the The say leader and problems from the control of the

To D TO HOSPITAL & ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after

| | In by the funer | director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shoul burial transity of the filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. |
|-------------|-----------------|--|
| | oletely filled | spers. Page 72 hours a |
| | and comp | carbon pa |
| - | De Serena | se removing an any ever |
| | e attending | Then plead oval, and i |
| onysician. | thed by the | sit permit. |
| arrending p | as been sig | burial-tran al, cremati |
| ospiral or | ertificate ha | use as the ior to buri |
| d by the h | After this co | ached for f Health pr |
| be refained | ECTOR: / | uld be det |
| 10 | AL DIRI | ige 3 sho th the Sta |
| death. Pag | TO FUNER | director, pa |
| 15 | R A | 15 (4) 9/60 |

| | MARY | LAND STATE DE | PARTMENT O | F HEALTH | | | | |
|---------------|---|-----------------------------------|---------------------------------|--|-------------------------------------|--|--|--|
| 1 | 00075 | CERTIFICATI | E OF DEATH | N STREET, BALTIMORE | 1, MARYLAND | | | |
| | PLACE OF DEATH | F11M#03/2-1/ | 2. USUAL RESIDEN a. STATE | CE (Where deceased lived, If instit b. COUNTY | tution: Rasidence bafora edmission) | | | |
| 1 | b. CITY OR FOWN (if outside corporate limits. | MARYLAND | CITY OR TOWN | d | RAL and give nearest town) | | | |
| E | write RURAL and give neerast town) | | ** | umberland | 01-1 | | | |
| | d. NAME OF HOSPITAL OR INSTITUTION (if not in hos | pital, giva streat eddrass) | d. STREET ADDRESS | | a. IS RESIDENCE ON A FARM? | | | |
| 3 | Thermal RU, Rt 3 Cun | nberland, Md | Therm al | Red. | YES NO THE | | | |
| ٠. | DECEASED (Type or print) | 9 | 01 | OF DEATH | 12 1966 | | | |
| 5. | SEX 6. COLOR OR RACE 7. MARRIE | DELIMOUNT BUT BENEVER MARRIED 8 | DATE OF BIRTH | 1906 9. AGT (In years IF U last birthday) | UNDER 1 YEAR IF UNDER 24 HRS. | | | |
| 7 | female W. WIDOWE | | | 90/7 59 yrs. MC | onths Days Hours Min. | | | |
| | ne during most of working life, avan if ratired) | IND OF BUSINESS OR INDUSTR | | | 12. CITIZEN OF WHAT COUNTRY? | | | |
| 13. | FATHER'S NAME | | 14. MOTHER'S MAIDEN | | U.S.A. | | | |
| | Harvey Coffman | | mary G | umm Coffm | 311 | | | |
| | WAS DECEASED EVER IN U.S. ARMED FORCES? 16. s, no, or unkown) (Ifyesgivawarordatasofservice) | SOCIAL SECURITY NO. 17. I | INFORMANT | Address | | | | |
| - | 18. CAUSE OF DEATH [Enter only one cause par I | | Melvin C | ritaman | I INTERVAL BETWEEN | | | |
| | PART I. DEATH WAS CAUSED BY: | 7 Olyona C | Para & | NA GALA | ONSET AND DEATH | | | |
| | 150 X DUE TO | Jee Court I was t | June P. | | | | | |
| | Conditions, if any, which (b) | | | , | | | | |
| | gava risa to immediate causa (e), stating the underlying | | | | | | | |
| z | PART II. OTHER SIGNIFICANT CONDITIONS CON | ITRIBUTING TO DEATH BUT NO | OT RELATED TO THE TERMI | NAL DISEASE CONDITION GIVEN | IN PART 1(e) 19. WAS AUTOPSY | | | |
| ATIO | | | | | PERFORMED? YES NO | | | |
| CERTIFICATION | OR CONTRIBUTING [] CAUSE OF DEATH | CRIBE HOW INJURY OCCURED |). (Entar netura of injury In | Perf I or Part II of itam 18.) | | | | |
| | (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. | INJURY OCCURRED 20e. PLA | CE OF INJURY (Home, far | m, 1 20f. (City or town) | (County) (State) | | | |
| MEDICAL | Hour a.m. Whila et wor | Not While fact | tory, streat, offica bldg., etc | | | | | |
| | 21. I certify that (I) (this hospital) attended the deceased from 11-25 , to 1-11-6, 19, that (I) (we) last | | | | | | | |
| | saw the deceased alive on | IY.W.Y., and mar | | | 22b. DATE | | | |
| | Wispergo | м | I.D. PHYS. | MED. STAFF DIRECTOR PHYS. | SIGNED | | | |
| | 22c. PHYSICIAN'S NAME (Type) W. C. Ppigglo | M. D. | 126 N. Sm | mallwood Street, | Cumberland, Md. | | | |
| | BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BURIAL (Specify) | 5.5. Peter - Paul | OR CREMATORY I Cometery | Cumber land | or county) (State) Maryland | | | |
| | FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | | C'D BY REGISTRAR 25b. REGIST | | | | |
| | foris Stein, Juc. Comb | erland, md. | DeltA | 1 1 4 1966 gelie | arles Judge | | | |
| and the same | | | | U | 0 | | | |

onyte. the homest in the material of the additional real remain rearrance (a) to Ca. Wast, P. don'tt. B. LGL Salarita BELL - A. T. Janes Frederica reserved from the present the second of the second Catemana of Easylvague Luis 200

FOR STATE HEALTH DEPT.

O DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute are certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to refuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VR AISME (5) 5M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| _ | UU 76 | | ME | DICAL | EXAMINER | 1'5 | CERTIFICATI | E OF | DEAT | H | | HOM | 75 | |
|-----------------------|--------------------------------|--------------------|---------------|----------------|-----------------------------------|--------|------------------------------|-------------|--------------|--------------------|-----------|-----------|---------------------------|-----------|
| 1. | PLACE OF DEAT | Н | | | | | 2. USUAL RESIDENC | CE (Where | deceased liv | | | Residence | before a | dmission) |
| | E. 000KT1 | A7 | legar | υ | MARYLA | AND | a. STATE | 27.7 | a | b. COUN | | lleg | any | |
| | b. CITY OR TOW Write RURAL | N (If outside o | orporete | limits, | C. LENGTH OF STAY | | c. CITY OR TOWN (If | outside o | corporate II | mits, wr | Ite RURA | L and glv | o neere | st town) |
| | Oldtow | and give near | est town) | | 5 110000 | | | | | | | | 11. | - 1 |
| - | | | TITUTION | (If not in hos | b years | dress) | d. STREET ADDRESS | ltown | | | | 10 | . IS RES | IDENCE |
| | | | | | | | | 27% | | | | | ON A | FARM? |
| = | R. F. | D. #1 | 64 . 4 | | | | II R. | F D | #1 | | | | ES | NO P |
| 3. | NAME OF DECEASED | | First | | Middle | | Lost | 4. DAT | _ | Monti | | Day 28 | Ye | |
| - | (Type or print) | | | nard | W. | | Stokes | DEA | | Jar | | | | 66 |
| 5. | SEX | 6. COLOR OR | RACE 7. | MARRIED E | NEVER MARRIED | | 8. DATE OF BIRTH | | 9. AGE (I | n yeera rthday) | Months | Daya | Houra | R 24 HRS |
| | ale | White | | MIDOMED [| DIVORCED | | Aug. 19, 19 | | 60 | yre. | | 120 | 4 | |
| 10. | a. USUAL OCCUPAT | ION (Give kind) | of work do | ne 10b. KIN | ID OF BUSINESS OR | | 11. BIRTHPLACE (S | tate or fo | reign coun | try) | 12. (| OUNTRY | OF WHAT | |
| " | Retired | Machin | ist | Rai | Lroad | | Mt. Sava | ge, | Ma. | | US | | • | |
| 13 | . FATHER'S NAM | E | | | | | 14. MOTHER'S MAID | _ | CA | | | | | |
| | | Will St | okes | 3 | | | Hattie M | lav S | waite | ar | | | | |
| 1! | . WAS DECEASED | EVER IN U.S. AR | MED FORD | E87 16. 8 | OCIAL SECURITY NO. | 17. | INFORMANT | idly 2 | WEICZ | Addres | 10 | - | | |
| (Y | ss, no, or unkown) | (If you give war o | r dates of se | PV (00) | 5-05-5608 | | | -7 | 07.3 | | 20. | 7.7 | | |
| _ | | 111 11 11 12 12 12 | | | | [Pij | rs. Dora St | okes | , OLa | town | MIC | - W | lie | THE PAI |
| | | | | | e for (e), (b), end (c). CORON | | OCCLUSION | T | | | | ONS | RVAL BE ET AND UDDE | DEATH |
| | | IMMEDIATE | CAUSE (a |) | OORON | RUI | OCCTUBION | N . | | | | 5 | דעעט | IN |
| | 4201 | | DUE TO |) | aan | 037.4 | | - | | | | 1 | | |
| | Conditione, if | | (b) |) | COR | JNA | RY SCLEROS | SIS | | | | | *** | |
| | ceuse (s), s | | DUE TO | | | | | | | | | | | |
| | underlying caus | | (c | | | | | | | | | 14.1 | | |
| NO. | PART II. OTHER | SIGNIFICANT | NDITION | CONTRIBUT | ING TO DEATH BUT NO | TREL | ATED TO THE TERMINAL D | DISEASEC | ONDITION | IVENIN | PART 1(a) | 19. | WAS AL | JTOPSY |
| SAT | | | | | | | | | | | | YE | s 🗍 | NO X |
| MEDICAL CERTIFICATION | 20a. EXTERNA | L CAUSE WAS | | 20b. DE | SCRIBE HOW INJURY | OCCI | JRRED. (Enter nuture of | Injury In | Part I or I | Pert II o | f Item 1 | B.) | | |
| 8 | PRIMARY OF DEAT | CONTRIBUTING | | | | | | | | | | | | |
| AL C | 20c. TIME OF | | | ar 20d, IN | URY OCCURRED 20 | e. PLA | CE OF INJURY (Home, fa | rm, 20f. | (City or | town) | (Co | unty) | (| State) |
| 30 | Hour e.r | | , 5-71 . 5 | While - | Not While | | ory, street, office bldg., e | | () | | | | | |
| ME | p.1 | | 19 | at work | at work | | | | | | | | | |
| | 21. I certify | that I took | charge c | of the rema | ins described abov | re, he | ld an Autopsy, | Inspec | L_26 | | Iry X | - | in my | opinion |
| | death result | ed from: | latural c | auses | Accident, | Su | icide, Homicio | de, | Undete | rmined | manner | | | |
| | | 2 | - | -/ | 11- | 1 | CHIEF MEDICAL | L EXAMIN | ER | | | | | |
| | ACTUAL SIGNATURE | J.en | eac | et x | Skulare | LLR | M.D. ASSISTANT MED | | 2.5 |] | - 20 | | DATE | SIGNED |
| | EXAMINER'S | DENTE | Tam | CICTONA | DUT TO M | 9 | DEPUTY MEDIC | AL EXAMI | NER 2 | Can | iber] | and. | 966 Md | |
| | NAME (Type) | BENEI |)TOT | SKITA | KELIU, M. | .D. | Address (Street | t, city, to | wn, or coul | ity) | ineri | anu | , Ma | • |
| 23 | a. BURIAL, CREM REMOVAL (Sp | IATION, 23b. | DATE TH | EREOF | 23c. NAME OF CEN | TETER' | Y OR CREMATORY | 23d. | LOCATION | (City, to | own or co | ounty) | (S | tate) |
| | Buria | Feb | . 1. | 1966 | Davis Me | mor | ial Cemete: | rv (| Cumbe | rlan | d. N | 12. | | |
| 24 | . FUNERAL DIRE | CTOR | | | ADDRESS | | 25a. REC | C'D BY RE | GISTRAR | 25b, R | EGISTRAF | SIGN | ATURE | |
| | James F | . Scarp | elli | , Cumbe | erland, Md | | FEB 4 | 15 | 366 | Jene | arles | Jus | ge. | |

* Toward Stilledown or war .

HEALTH DEPT.

ed within 24 hours after death. If in pencil in Item 18. Give Pages 1, xaminer's Office along with form pue EXAMINER: This certificate should be executed within 24 hou certificate, writing the word "pending" in pencil in Item should be forwarded to the Chief Medical Examiner's Office 62 files. DIRECTOR: execute ... your O DEPUTY MED for director. retained 0

1/65

a. COUNTY a. STATE ALLEGANY MARYLAND Department after death. b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) FROSTBURG DOA FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS State hours MINERS HOSPITAL 3. NAME OF First Middle Last DATE DECEASED the 72 CECTT. (Type or print) LEROY TOMLINSON DEATH 2 with within 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED 8. MALE WIDOWED X DIVORCED JUNE 1. 1902 ent 10a. USUAL OCCUPATION (Give kind of work done l 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY CELANESE CORP. MARYLAND FILTERATION DEPT 14. MOTHER'S MAIDEN NAME E E CECIL TOMLINSON CHARLOTTE SIRES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes. no, or unkown) | (If yes give war or dates of service) permit. DONALD TOMLINSON, 214-07-2607 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: cremation, or TRANSECTION OF SPINAL CORD IMMEDIATE CAUSE (a) DUE TO STRUCK BY AUTOMOBILE Conditions, If eny, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. used as to burial, CERTIFICATION 3 should be agent, prior 208. EXTERNAL CAUSE WAS PRIMARY LOT CONTRIBUTING CAUSE OF DEATH. PEDESTRIAN STRUCK BY AUTOMOBILE MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, Rt.36 2mile sou While Not While at work 196 6 CTOR: Page designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from: Natural causes X Accident Suicide Homicide CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE 0 FUNERAL I **EXAMINER'S** Benedict Skitarelic. NAME (Type) NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) of FUNERAL DIRECTOR VR ALSME (5)

MARYLAND STATE DEPARTMENT OF HEALTH <u>Di</u>vision of Statistical research and records, 301 W. Preston Street, Baltimore 1, Maryland MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. CDUNTY c. CITY DR TOWN (If outside corporate limits, write RURAL end give nearest town) e. IS RESIDENCE DN A FARM? YES NOX WRIGHTS CROSSING Year Month Day 1966 JANUARY AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) | Months | Days 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? S. Address BOX 36, INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES X NO [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Pert 11 of Item 18.) (State) 20f. (City or town) (County) 2mile south of Frostburg, Alleg. Md. Inquiry and in my opinion Undetermined manner 22. DATE SIGNED DEPUTY MEDICAL EXAMINER [X January 21. 1966 Address (Street, city, town, or county) Cumberland. Md. (State) 23d. LDCATION (City., town or county) REC'D BY REGISTRAR! 25b. REGISTRAR'S SIGNATURE

Sunstead of the Line ENGLE 1-24-416 Frontlong Mounds France Town pl To Burget to Jon " ... "

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNDATION OF COMMINION AND THE THIS CERTIFICATE HAS DEEN SIGNED BY THE Attending physician and completely filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death.

| 10 | 0078 DR. NADEAU STATISTICAL RESEA | RCH AND RECOR | EPARTMENT OF DS, 301 W. PRESTON | HEALTH I STREET, BALTIMORE 1, N | MARYLAND | | | |
|---------------|--|-----------------------------|---|---|-------------------------------|--|--|--|
| | DR. NADLAO | CERTIFICA | TE OF DEATH | | 0077 | | | |
| 1. | PLACE DF DEATH a. COUNTY | | a STATE | (Where deceased lived, If Institution: F | Residence before admission) | | | |
| | ALLEGANY | MARYLAND | a. STATE MAR | YLAND B. COMIT AI | LLEGANY | | | |
| | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 1 | b C. CITY OR TOWN (If o | outside corporate limits, write RURAL | and give nearest town) | | | |
| | CUMBERLAND | I HR. 44 M | IN. CUM | BERLAND. | 0/-1 | | | |
| | d. NAME OF HOSPITAL OR INSTITUTION (if not in ho | spital, give street addres | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? | | | |
| | MEMORIAL HOSPITAL | | 306 | BEDFORD STREET | YES NO | | | |
| 3. | NAME DF First DECEASED | Middle | Last | 4. DATE Month | Day Year | | | |
| | (Type or print) Verna | Gâyle | VALENTINE | DEATH JANUARY | 7 19 66 | | | |
| 5. | SEX 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | 8. DATE OF BIRTH | 9. AGE (In years IF UNDER last birthday) Months | Days Hours Min | | | |
| | FEMALE WHITE WIDOWED | | | yrs. | | | | |
| du | | ND OF BUSINESS OR DUSTRY | | C | ITIZEN OF WHAT OUNTRY? | | | |
| | | | | LAND, MD. | | | | |
| 13 | B. FATHER'S NAME | | 14. MOTHER'S MAIDE | | | | | |
| - | FRANK R. VALENTINE 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. 3 | SOCIAL SECURITY NO. 1 | DELORES 7. INFORMANT | JILL EVANS Address | | | | |
| | es, no, or unkown) (If yes give war or dates of service) | | | SPITAL - CUMBERLA | ND. MD. | | | |
| - | 4 10 OANS OF BEATH (F. A | | | | I INTERVAL BETWEEN | | | |
| | 18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: | | | | ONSET AND DEATH | | | |
| | 77/ IMMEDIATE CAUSE (a) | ruid (1) | | | | | | |
| 13 | Conditions, If any, which \ (b) | | | | | | | |
| 13 | gave rise to immediate | | 1 | | | | | |
| | cause (a), stating the DUE TD underlying cause last. | | | | | | | |
| NO | | TING TO DEATH BUT NOT R | ELATED TO THE TERMINAL D | ISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTDPSY PERFORMED? | | | |
| CAT | | | | | YES NO | | | |
| CERTIFICATION | 2Da. ACCIDENT WAS UNDERLYING DECEMBER 20b. D | ESCRIBE HOW INJURY OF | CCURRED. (Enter nature of | injury in Part I or Part II of Item 18 | 3.) | | | |
| SER | (IF EITHER, NOTIFY MEDICAL EXAMINER) | | | | | | | |
| SA | 20c. TIME OF INJURY Month, Day, Year 20d. IN | JURY OCCURRED 20e. F | PLACE OF INJURY (Home, far ctory, street, office bldg., et | | unty) (State) | | | |
| MEDICAL | Hour a.m. While at work | MOT WILLS | ctory, su cet, ontcobing., et | ., | | | | |
| - | 21 Leartify that (I) (this hospital) attended the deceased from 19 to 19 that (I) (we) last | | | | | | | |
| | saw the deceased alive on 19 and that death occurred at 1:00, from the causes and on the date stated above. | | | | | | | |
| | 22a. SIGNATURE | 11/12 | ATTENDING N | MED. STAFF 22b. I | DATE SIGNED | | | |
| | MILLEN CARRA | 4/1/1 | M.D. PHYS. | IRECTOR PHYS | 8-66 | | | |
| | 22c. PHYSICIAN'S NAME (Type) DR. OLIVER H | NADEAU | 22d. ADDRESS | GINIA AVE., CUMB | FDI MAID MD | | | |
| _ | | | | 23d LOCATION (City, town or co | | | | |
| | Ba. BURIAL, CREMATIDN, 23b. DATE THEREOF | 23c. NAME OF CEMET | ERY OR CREMATURY | 1 (1 () | Marchard | | | |
| 1 -2 | REMOVAL (Specify) 1-9-66 | Memorial | 1 25a. REC | D BY REGISTRAR 25b. REGISTRAR | L'S SIGNATURE | | | |
| 3 | John a mobella | Memorial | Nesp, | 12 1966 PChange | en Judge | | | |
| = | 0/ 1/02/ | Lumber | and Mo I DATEAN | T N 13001 | 0 0 | | | |
| | 6-108836 | | | | | | | |

VR AI5 (4) 20M 1/65

THE SWIN THE STREET TESTING OF ORDER AND A STATE OF TAXABLE A MILETELL . A. es de l'estate de l'estate de la contraction del 1 subseq menon 19-6-1 as were Line Indiana

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

0

| | MARYLAND STATE DEPARTMENT OF HEALTH | |
|-------|---|------------|
| | OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 | 1, MARYLAN |
| 00079 | CERTIFICATE OF DEATH | 000 |

| _ 00000 | | CERTIFICATI | L OF DEATH | | UUU 10 |
|--|----------------|-----------------------------|---|---|---------------------------------------|
| 1. PLACE OF DEATH | | | 2. USUAL RESIDENC | E (Where deceased lived, If Institutio | n: Residence before admission) |
| a. COUNTY | | | a. STATE | b. COUNTY | A 7 7 |
| Allegany | | MARYLAND | | ryland | Allegany |
| b. CITY OR TOWN (if outside corporal write RURAL and give nearest tow | ie limits, | c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If | outside corporate limits, write RU | RAL and give nearest town) |
| Cumberland | ., | 45 years | C | umberland | 01-1 |
| d. NAME OF HOSPITAL OR INSTITUTION | N (if not In h | | d. STREET AOORESS | | e. IS RESIDENCE |
| | | | | 6 | ON A FARM? |
| 6 King Street | | | | 6 King Street | YES NO X |
| 3. NAME OF FI DECEASED | rst | Middle | Last | 4. DATE Month | Oay Year |
| | rence | Howard Wi | lliams | DEATH Jan. | 70 19 66 |
| 5. SEX 6. COLOR OR RACE | 7. MARRIEO | | B. OATE OF BIRTH | 19 AGE (In years IFIIN | DER 1 YEAR IF UNDER 24 HRS. |
| Male White | WIDOWED | | March 8, 1 | 891 7 Jast birthday) Mont | hs Days Hours Min. |
| | | | | yrs. | OLTHERN OF WHAT |
| 1Da. USUAL OCCUPATION (Give kind of work during most of working life, even if retire | d) IDD. K | IND OF BUSINESS OR | | | 2. CITIZEN OF WHAT COUNTRY? USA |
| during most of working life, even if retire Retired Pipefitte | r | NDUSTRY Industry | Giles Co | unty, Virginia | USA |
| 13. FATHER'S NAME | | | 14. MOTHER'S MAID | EN NAME | |
| George William | IS | | Georgie | Perkins | |
| 15. WAS DECEASED EVER IN U.S. ARMED FO | | SOCIAL SECURITY NO. 17. | INFORMANT | Address | |
| (Yes, no, or unkown) (If yes give war or dates o | f service) | | **** | *************************************** | |
| no | 22 | 20-10-2023 M | r. Basil W | illiams, Cumberl | Land, Md. |
| 18. CAUSE DF DEATH [Enter only on | e cause per l | ine for (a), (b), and (c).] | | | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY | : | nhan | enca | | ONSET AND DEATH |
| IMMEDIATE CAUSE | (a) | proce | | - | |
| 4221 OUE | TO _ | / . | + - 1 | Dan Bar | 3 |
| Conditions, If any, which | (b) | mjotardi | us c d | second new | 7 |
| gave rise to immediate (| TO | A | 0 | | - 1111 |
| underlying cause last. | (c) | anerio | selevos | 4 | 390. |
| PART II. OTHER SIGNIFICANT CONDITION | | UTING TO DEATH BUT NOT RELA | TED TO THE TERMINAL D | ISEASE CONDITION GIVEN IN PART | 1(a) 19. WAS AUTOPSY |
| PART II. OTHER SIGNIFICANT CONDITION 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMI | | | | | YES NO TO |
| CO. ACCIDENT WAS HADED! VINC CI | l nob | AFCABINE HAW INDUNY COOL | DDFO /Feton notice of | Interes in Bort I or Bort II of Itan | 40 |
| ☐ 2Da. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMI | TH 20b. | DESCRIBE HOW INJURY OCCU | KKEO. (Enter nature of | Injury in Part I or Part II of Item | 1 10.) |
| | (ER) | | | | |
| ZOC. TIME OF INJURY Month, Oay, Hour a.m. p.m. 19 | Year 20d. I | NJURY OCCURRED 20e. PLA | CE OF INJURY (Home, fa | rm, 20f. (City or town) | (County) (State) |
| Hour a.m. | While | Mot while | ry, street, office bldg., e | (c.) | |
| | at wor | | and I | 18: (1- 16- | . / / |
| 21. I certify that (I) (this hos | ital) attend | | | | 9 66 that (!) (we) last |
| saw the deceased alive on | Jan 4 | 19 6 Gand that | death occurred at_ | M, from the causes and o | |
| 22a. SIGNATURE | 1 | | 100 | | . OATE SIGNEO |
| Clay 6 | Lu | net M.O | | MED. DIRECTOR PHYS. | Jan.10,1966 |
| 22c. PHYSICIAN'S | | | 22d. AOORESS | | |
| NAME (Type) Dr. Cla | ly E. I | Durrett, M.D. | 236 Virg | inia Ave., Cumber | rland, Md. |
| 23a. BURIAL, CREMATION, 23b. DATE | THERENE | 1 23c. NAME OF CEMETERY | OP CREMATORY | 1 23d. LOCATION (City, town or | r county) (State) |
| REMOVAL (Specify) | | | • | | |
| Burial Jan. 12 | 1,100 | Zion Memoria | | Cumberland, N | |
| 24. FUNERAL DIRECTOR | | ADDRESS | 25a. REC | C'D BY REGISTRAR 25b. REGISTI | ran's signature |
| James F. Scarpell | i, Cur | mberland, Md. | DATEAN | 1 3 1966 | |

VR AI5 (4) 2DM 1/65 \$500n Salah Baran Baran Baran the second secon Charles of the same of the same of 5200F alter Televinor The state of the state of the confidence of the confiden · (a) I have a second or the second

FOR STATE HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 12-hours after death. TO DEPUTY MEDICA

> VR A15ME 3500 4-64

| | MAKY | LAND STATE DI | EPAKIMENI UF | HEALIH | |
|-------------|-------------------|-------------------|-------------------|------------------|---------------|
| Division of | STATISTICAL RESEA | RCH AND RECORD | S, 301 W. PRESTON | STREET, BALTIMOR | E 1, MARYLAND |
| IRRI | MEDICAL | EXAMINER'S | CERTIFICATE | OF DEATH | 0.0080 |

| | 00081 | MEDICAL | EXAMINER' | S CERTIFICATI | E OF DEATH | 00080 |
|------------------------|---|---|-----------------------------|---|--|--|
| 1 | . PLACE OF DEATH a. COUNTY | CHECK TO | | a STATE | E (Where deceased lived, If Institution b. COUNTY | n: Residence before admission) |
| 1 | Allegan | y | MARYLAN | 1.6 | ryland | Allegany |
| | b. CITY OR TOWN (If outside co write RURAL and give neare XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | orporate limits, st town) Frostburg | c. LENGTH OF STAY IN | | outside corporate limits, write RU . Savage | RAL and give nearest town) |
| - | d. NAME OF HOSPITAL OR INST | | | | | e. IS RESIDENCE |
| | D. O. A. M: | | | | | ON A FARM? YES NO S |
| 3 | . NAME OF | First | Middle | Last | 4. DATE Month | Day Year |
| | DECEASED (Type or print) | Gary | Elliott | Witt, Jr. | DEATH Jan. | 5 1966 |
| 5 | . SEX 6. COLOR OR | | NEVER MARRIED | | 19 AGE (In years IFIIN | DER 1 YEAR HELINDER 24 HRS. |
| | Male White | WIDOWED | DIVORCED | Nov. 6, 196 | yrs. | hs Days Hours Min. 2. CITIZEN OF WHAT |
| d | Oa. USUAL OCCUPATION (Give kind or uring most of working life, even if | retired) INI | ND OF BUSINESS OR DUSTRY | 11. BIRTHPLACE (S | tate or foreign country) 12 | COUNTRY? |
| | none | | none | Frostbu | rg, Md. | USA |
| 1 | 3. FATHER'S NAME | | | 14. MOTHER'S MAIL | DEN NAME | |
| | Gang Witt | Con | | Yvonne | Mannan | |
| 1 | Gary Witt 15. WAS DECEASED EVER IN U.S. ARM | MED FORCES? 16. S | OCIAL SECURITY NO. 1 | 17. INFORMANT | Address | |
| (| Yes, no, or unkown) (If yes give war or | dates of service) | | Gonz With Sx | . Mt. Savage Ro | 6.0 |
| | no | | | dary witt, bi | . Mt. Savage Ro | |
| | 18. CAUSE OF DEATH [Enter o | | | | | INTERVAL BETWEEN ONSET AND DEATH MINUTES |
| | PART I. DEATH WAS CAUS | CAUSE (a) | ASPHYXIA | TION | | MINUTES |
| | 7220 | DUE TO | | | | |
| | Conditions, If any, which | (b) | LARYNGOS | PASM | | MINUTES |
| | gave rise to immediate | DUE TO | | | | |
| | cause (a), stating the underlying cause last. | | (CHOKED | ON ASPIRIN) | | MINUTES |
| 2 | | (c) | | | DISEASE CONDITION GIVEN IN PART | 1(a) 19. WAS AUTOPSY |
| MEDICAL CEDITICICATION | | | | | | PERFORMED? |
| 5 3 | | l cot D | FOODING HOW IN HIN | COOLIDDED (Cates nature o | f injury in Part I or Part II of Iten | |
| E | 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. | 20b. D | | | r injury in Part I of Part II of Item | 1 10.) |
| C | CAUSE OF DEATH. | | | LL BY HIMSELF | | |
| 3 | 20c. TIME OF INJURY Month | , Day, Year 20d. IN | JURY OCCURRED 200 | . PLACE OF INJURY (Home, factory, street, office bldg., e | arm, 20f. (City or town) | (County) (State) |
| , 5 | 2:00 p.m.Jan.5 | 1966 While at work | Not While at work | Home | Mt.Savage, Alle | eg. Maryland |
| 1 3 | 21. I certify that I took | | | | Inspection (X), Inquiry | |
| | | | | | ide, Undetermined man | |
| | death resulted from: N | aturai causes | Accident A, | | | 1101 |
| | ACTUAL A | 1. + 1 | Tate () | CHIEF MEDICA | | 22. DATE SIGNED |
| | SIGNATURE SIGNATURE | auch XIR | rarecce | M.D. ASSISTANT ME | dical examiner [] | |
| | EXAMINER'S DENE | DIOM OUTDAY | DITO W D | | to the same of the | |
| 1 | NAME (Type) DENE | | RELIC, M.D. | | t, city, town, or coun Gumber | |
| 2 | 3a. BURIAL, CREMATION, 23b. | DATE THEREOF | 23c. NAME OF CEMI | ETERY OR CREMATORY | 23d. LOCATION (City, town o | r county) (State) |
| | REMOVAL (Specify) Burial Jan | .8,1966 | St. Patr | ick! Cometar | Mt. Savage | Maryland |
| 1 | 24. FUNERAL DIRECTOR | 1/00 | ADDRESS | 25a. Rt | D BY REGISTRAR 25b. REGIST | RAR'S SIGNATURE |
| 1 | James F. Scarp | alli Com | | DATAN | 11 1966 gelien | las Judge |
| 0 | The Dear p | carri, cumb | erland Ma | DAULE 1 | 1000 | |

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| | HERAS BOOK BY | | |
| | CONTRACTOR OF STREET | | |
| | | r actio | THE X |
| included, 1524 , saved. H. | X and the X is | | 2:00 - 7:00 |
| Name of the last o | ولائك المسالة | na dest alle Taru | S and |
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| | - Patrior - Patrior | ga - dibeli, it mil | |
| | • [| estendábo (Alias V | T JANUARY F. BOL |

15M 7-62

DE RECORD DESCRIPTION OF THE PROPERTY OF THE PERTY OF THE Carry Taliffet Tale | Lair March Steel Ste THE PERSON OF BRIDE STREET a selfer on and selection to the Commence of the secretary TO THE PROPERTY OF THE PROPERTY OF THE PARTY romals of the state of the stat